| Fill in this information to identify your case: |                                 |                                      |
|---|---------------------------------|--------------------------------------|
| United States Bankruptcy Court for the:         |                                 |                                      |
| NORTHERN DISTRICT OF TEXAS                      | _                               |                                      |
| Case number (if known)                          | _ Chapter you are filing under: |                                      |
|   | Chapter 7                       |                                      |
|   | ☐ Chapter 11                    |                                      |
|   | ☐ Chapter 12                    |                                      |
|   | ☐ Chapter 13                    | ☐ Check if this is an amended filing |

# Official Form 101

# Voluntary Petition for Individuals Filing for Bankruptcy

06/24

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a joint case—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses Debtor 1 and Debtor 2 to distinguish between them. In joint cases, one of the spouses must report information as Debtor 1 and the other as Debtor 2. The same person must be Debtor 1 in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Pai | t 1: Identify Yourself   |   |  |   |
|-----|--|---|--|---|
|     |  | About Debtor 1:   |  | About Debtor 2 (Spouse Only in a Joint Case): |
| 1.  | Your full name   |   |  |   |
|     | Write the name that is on your government-issued   | Shaina<br>First name  |  | First name                                    |
|     | picture identification (for example, your driver's   | Helene  |  | T its traine                                  |
|     | license or passport).  | Middle name   |  | Middle name                                   |
|     | Bring your picture identification to your  | Tackett   |  |   |
|     | meeting with the trustee.  | Last name and Suffix (Sr., Jr., II, III)                            |  | Last name and Suffix (Sr., Jr., II, III)      |
|     |  |   |  |   |
| 2.  | All other names you have used in the last 8 years  |   |  |   |
|     | Include your married or<br>maiden names and any<br>assumed, trade names and<br>doing business as names.                                    | Shaina Helene Vanorder<br>Shaina Helene Cox<br>Shaina Helene Wagner |  |   |
|     | Do NOT list the name of<br>any separate legal entity<br>such as a corporation,<br>partnership, or LLC that is<br>not filing this petition. | e of<br>ntity<br>n,<br>nat is                                       |  |   |
| 3.  | Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)                          | xxx-xx-5512   |  |   |

| Del | otor 1 Shaina Helene Ta                | ackett  | Case number (if known)   |
|-----|--|---|--|
|     |  |   |  |
|     |  | About Debtor 1:   | About Debtor 2 (Spouse Only in a Joint Case):  |
| 4.  | Your Employer<br>Identification Number |   |  |
|     | (EIN), if any.                         | EIN   | EIN  |
| 5.  | Where you live                         |   | If Debtor 2 lives at a different address:  |
|     |  | 4108 Mitchell Court<br>Sachse, TX 75048   |  |
|     |  | Number, Street, City, State & ZIP Code  | Number, Street, City, State & ZIP Code   |
|     |  | Dallas  |  |
|     |  | County  | County   |
|     |  | If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address. | If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address. |
|     |  | Number, P.O. Box, Street, City, State & ZIP Code  | Number, P.O. Box, Street, City, State & ZIP Code   |
| 6.  | Why you are choosing                   | Check one:  | Check one:   |
|     | this district to file for bankruptcy   | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.                                | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.                       |
|     |  | ☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)   | ☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)  |
|     |  |   |  |

| 7.   | The chapter of the<br>Bankruptcy Code you are<br>choosing to file under   |  |                             |                                      | f each, see <i>Notice Required by</i><br>page 1 and check the appropriat | 11 U.S.C. § 342(b) for Individuals Filing for e box.   | Bankruptcy                          |  |
|--|---|--|-----------------------------|--------------------------------------|--|--|-------------------------------------|--|
|  | choosing to me under  | Chapter 7                                    |                             |                                      |  |  |                                     |  |
|  |   | □ cı   | napter 11                   |                                      |  |  |                                     |  |
|  |   | ☐ CI   | napter 12                   |                                      |  |  |                                     |  |
|  |   | □ CI   | napter 13                   |                                      |  |  |                                     |  |
| 8. How you will pay the fee  I will pay the entire fee when I file my petition. Please check with the clerk's offi about how you may pay. Typically, if you are paying the fee yourself, you may pay order. If your attorney is submitting your payment on your behalf, your attorney may a pre-printed address. |   | ourself, you may pay with cash, cashier's ch | eck, or money               |                                      |  |  |                                     |  |
|  |   |  |                             |                                      | <b>Ilments.</b> If you choose this option (Official Form 103A).          | on, sign and attach the Application for Indivi   | duals to Pay                        |  |
|  |   |  | I request that              | at my fee be waiv                    | <b>red</b> (You may request this optio                                   | n only if you are filing for Chapter 7. By law,  | a judge may,                        |  |
|  |   |  | but is not recapplies to yo | uired to, waive your family size and | our fee, and may do so only if yo<br>you are unable to pay the fee i     | our income is less than 150% of the official pen installments). If you choose this option, you call Form 103B) and file it with your petition. | overty line that<br>u must fill out |  |
| 9.   | bankruptcy within the   |  |                             |                                      |  |  |                                     |  |
|  | last 8 years?   | ☐ Ye   |                             |                                      | Whon   | Case number  |                                     |  |
|  |   |  | District<br>District        |                                      | When<br>When   | Case number Case number  |                                     |  |
|  |   |  | District                    |                                      | When   | Case number  |                                     |  |
|  |   |  | District                    |                                      | when   | Case number  |                                     |  |
| 10.  | Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate? | ■ No   |                             |                                      |  |  |                                     |  |
|  |   |  | Debtor                      |                                      |  | Relationship to you  |                                     |  |
|  |   |  | District                    |                                      | When   | Case number, if known  |                                     |  |
|  |   |  | Debtor                      |                                      |  | Relationship to you  |                                     |  |
|  |   |  | District                    |                                      | When   | Case number, if known  |                                     |  |
| 11.  | Do you rent your  | □ No   | . Go to                     | line 12.                             |  |  |                                     |  |
|  | residence?  | ■ Ye   | s. Has yo                   | our landlord obtair                  | ned an eviction judgment agains  | st you?  |                                     |  |
|  |   |  |                             | No. Go to line 12                    | 2.   |  |                                     |  |
|  |   |  |                             | Yes. Fill out <i>Inition</i>         |  | Judgment Against You (Form 101A) and file  | it with this                        |  |

Debtor 1 Shaina Helene Tackett

| Deb  | otor 1 Shaina Helene Ta   | ckett      |                                      |  | Case number (if known)  |  |  |
|--|---|------------|--------------------------------------|--|---|--|--|
|  |   |            |                                      |  |   |  |  |
| Par  | t 3: Report About Any Bu  | ısinesses  | You Owi                              | n as a Sole Proprieto                        | or  |  |  |
| 12. Are you a sole proprietor of any full- or part-time business?  |   | ■ No.      | Go to                                | Part 4.                                      |   |  |  |
|  |   | ☐ Yes.     | ☐ Yes. Name and location of business |  |   |  |  |
|  | A sole proprietorship is a  |            |                                      |  |   |  |  |
|  | business you operate as<br>an individual, and is not a<br>separate legal entity such<br>as a corporation,<br>partnership, or LLC. |            |                                      | e of business, if any                        |   |  |  |
|  | If you have more than one sole proprietorship, use a separate sheet and attach  |            | Numi                                 | per, Street, City, State                     | e & ZIP Code  |  |  |
|  | it to this petition.  |            | Chec                                 | k the appropriate box                        | to describe your business:  |  |  |
|  |   |            |                                      | Health Care Busine                           | ess (as defined in 11 U.S.C. § 101(27A))  |  |  |
|  |   |            |                                      | Single Asset Real I                          | Estate (as defined in 11 U.S.C. § 101(51B))   |  |  |
|  |   |            |                                      | Stockbroker (as de                           | fined in 11 U.S.C. § 101(53A))  |  |  |
|  |   |            |                                      | Commodity Broker                             | (as defined in 11 U.S.C. § 101(6))  |  |  |
|  |   |            |                                      | None of the above                            |   |  |  |
| 13. Are you filing under<br>Chapter 11 of the<br>Bankruptcy Code, and<br>are you a <i>small business</i> |   | deadline   | s. If you in                         | ndicate that you are a low statement, and fe | ourt must know whether you are a small business debtor so that it can set appropriate small business debtor, you must attach your most recent balance sheet, statement of deral income tax return or if any of these documents do not exist, follow the procedure |  |  |
|  | debtor? For a definition of small business debtor, see 11   | ■ No.      | lam                                  | I am not filing under Chapter 11.            |   |  |  |
|  | U.S.C. § 101(51D).  | □ No.      | I am<br>Code                         |  | 1, but I am NOT a small business debtor according to the definition in the Bankruptcy   |  |  |
|  |   | ☐ Yes.     |                                      |  | 1, I am a small business debtor according to the definition in the Bankruptcy Code, and I under Subchapter V of Chapter 11.   |  |  |
|  |   | ☐ Yes.     |                                      |  | 1, I am a small business debtor according to the definition in the Bankruptcy Code, and Subchapter V of Chapter 11.   |  |  |
| Par  | t 4: Report if You Own or   | · Have Anv | / Hazard                             | ous Property or Any                          | Property That Needs Immediate Attention   |  |  |
| 14.  | Do you own or have any  |            | <u> </u>                             | . , ,  |   |  |  |
|  | property that poses or is   | ■ No.      |                                      |  |   |  |  |
|  | alleged to pose a threat of imminent and  | ☐ Yes.     | What is                              | the hazard?                                  |   |  |  |
|  | identifiable hazard to public health or safety?   |            |                                      |  |   |  |  |
|  | Or do you own any property that needs immediate attention?  |            |                                      | diate attention is , why is it needed?       |   |  |  |
|  | For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?                 |            | Where i                              | s the property?                              |   |  |  |
|  |   |            |                                      |  | Number, Street, City, State & Zip Code  |  |  |
|  |   |            |                                      |  |   |  |  |
|  |   |            |                                      |  |   |  |  |

#### Part 5:

#### Explain Your Efforts to Receive a Briefing About Credit Counseling

### Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

#### About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ I am not required to receive a briefing about credit counseling because of:

### ☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

#### Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

### ☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

## About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

□ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| I am not required to receive a briefing about credit |
|--|
| counseling because of:                               |

## ☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

#### ☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

### ☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

| Deb | otor 1 Shaina Helene Ta  | ckett                             |                                  | Case numb  | er (if known)   |
|-----|--|-----------------------------------|----------------------------------|--|---|
| Par | t 6: Answer These Quest  | ions for R                        | eporting Purposes                |  |   |
| 16. | What kind of debts do you have?                                      | 16a.                              |                                  |  | fined in 11 U.S.C. § 101(8) as "incurred by an                        |
|     |  |                                   | ☐ No. Go to line 16b.            |  |   |
|     |  |                                   | Yes. Go to line 17.              |  |   |
|     |  | 16b.                              |                                  |  |   |
|     |  |                                   | _                                | estiment of through the operation of the bus   | siness of investment.   |
|     |  |                                   | _                                |  |   |
|     |  | 160                               |                                  | of debts you owe that are not consumer debts or business debts  Inder Chapter 7. Go to line 18.  The Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses |   |
|     |  | 100.                              |                                  | The that are not consumer debte of business  |   |
| 17. | Are you filing under Chapter 7?                                      | Cluestions for Reporting Purposes |                                  |  |   |
|     | Do you estimate that<br>after any exempt<br>property is excluded and | ■ Yes.                            |                                  |  |   |
|     | administrative expenses  |                                   | ■ No                             |  |   |
|     | are paid that funds will be available for                            | funds will for                    |                                  |  |   |
|     | distribution to unsecured creditors?                                 |                                   |                                  |  |   |
| 18. | How many Creditors do ■ 1  |                                   |                                  | ☐ 1,000-5,000  | □ 25,001-50,000   |
|     | you estimate that you owe?   |                                   | )                                | □ 5001-10,000  | <b>5</b> 0,001-100,000  |
|     |  |                                   |                                  | □ 10,001-25,000  | ☐ More than100,000  |
|     |  | □ 200-9                           | 99<br>                           |  |   |
| 19. | How much do you estimate your assets to                              |                                   | •                                |  | □ \$500,000,001 - \$1 billion   |
|     | be worth?  |                                   |                                  |  | ☐ \$1,000,000,001 - \$10 billion<br>☐ \$10,000,000,001 - \$50 billion |
|     |  |                                   |                                  |  | ☐ More than \$50 billion  |
| 20. | How much do you  | □ \$0 - \$                        | 550,000                          | □ \$1,000,001 - \$10 million   | ☐ \$500,000,001 - \$1 billion   |
|     | estimate your liabilities to be?                                     |                                   | · ·                              |  | □ \$1,000,000,001 - \$10 billion                                      |
|     |  |                                   |                                  |  | ☐ \$10,000,000,001 - \$50 billion☐ More than \$50 billion             |
|     |  | <b>—</b> \$500,                   |                                  | — \$100,000,001 \$000 Hillion  | — More than too smen  |
| Par | 17: Sign Below   |                                   |                                  |  |   |
| For | you  | I have ex                         | camined this petition, and I dec | clare under penalty of perjury that the infor  | rmation provided is true and correct.                                 |
|     |  |                                   |                                  |  |   |
|     |  |                                   |                                  |  | ot an attorney to help me fill out this                               |
|     |  | I request                         | relief in accordance with the o  | chapter of title 11, United States Code, spe   | ecified in this petition.   |
|     |  | bankrupt<br>and 357               | tcy case can result in fines up  |  |   |
|     |  | Shaina                            | Helene Tackett                   | Signature of Debte   | or 2  |
|     |  | Executed                          | d on <b>January 3, 2025</b>      | Executed on  |   |
|     |  |                                   | MM / DD / YYYY                   | M  | M / DD / YYYY   |

| Debtor 1 Shaina He   | elene Tackett                                 | Case number (if known)   |
|--|---|--|
| For your attorney, if yo   | under Chapter 7, 11, 12, or 13 of title 11, U | his petition, declare that I have informed the debtor(s) about eligibility to proceed<br>Jnited States Code, and have explained the relief available under each chapter<br>ify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b |
| f you are not represer<br>an attorney, you do no<br>to file this page. |   | lies, certify that I have no knowledge after an inquiry that the information in the st.  |
|  | /s/ Carlos C. Alsina-Batista                  | Date January 3, 2025   |
|  | Signature of Attorney for Debtor              | MM / DD / YYYY   |
|  | Carlos C. Alsina-Batista                      |  |
|  | Wajda and Associates, PC                      |  |
|  | 8117 Preston Road                             |  |
|  | Ste. 300                                      |  |
|  | Dallas, TX 75225                              |  |
|  | Number, Street, City, State & ZIP Code        |  |
|  |   | calsinabatista@recoverylawgroup.co   |
|  | Contact phone                                 | Email address <b>m</b>   |
|  | 24111072 TX                                   |  |
|  | Bar number & State                            |  |

|                 |   | on to identify your                                     |   |   |                 |                                |
|-----------------|---|---|---|---|-----------------|--------------------------------|
| Debto           |   | Shaina Helene Ta  | Middle Name   | Last Name   |                 |                                |
| Debto           |   | rst Name  | Middle Name   | Last Name   |                 |                                |
|                 |   | otcy Court for the:                                     | NORTHERN DISTRICT   |   |                 |                                |
|                 | ·   | oldy Court for the.                                     | NORTHERN DIOTRIOT   | - I OF TEXAS  |                 |                                |
| (if know        | number<br><sub></sub>                                     |   |   |   | _               | k if this is an<br>nded filing |
|                 | cial Form   |   | and Liabilities a   | nd Certain Statistical Informatio   | n               | 12/15                          |
| Be as<br>inforn | complete and a<br>nation. Fill out a<br>original forms, y | accurate as possib                                      | le. If two married people<br>es first; then complete t          | e are filing together, both are equally responsib<br>he information on this form. If you are filing among<br>k the box at the top of this page. | le for supplyi  | ng correct                     |
|                 |   |   |   |   | Your a          | assets<br>of what you own      |
|                 |   | <b>Property</b> (Official Fo<br>, Total real estate, fr |   |   | \$              | 0.00                           |
|                 | 1b. Copy line 62,   | , Total personal prop                                   | perty, from Schedule A/B.                                       |   | \$              | 26,864.35                      |
|                 | 1c. Copy line 63,   | Total of all property                                   | on Schedule A/B   |   | \$              | 26,864.35                      |
| Part 2          | 2: Summarize  | Your Liabilities  |   |   |                 |                                |
|                 |   |   |   |   |                 | iabilities<br>nt you owe       |
|                 |   |   | aims Secured by Property<br>nn A, Amount of claim, at           | y (Official Form 106D)<br>the bottom of the last page of Part 1 of <i>Schedule D</i>  | o \$            | 34,957.00                      |
|                 |   |   | Unsecured Claims (Official (Official (priority unsecured clain) | al Form 106E/F)<br>ns) from line 6e of <i>Schedule E/F</i>  | \$              | 0.00                           |
| :               | 3b. Copy the tot  | al claims from Part 2                                   | 2 (nonpriority unsecured of                                     | claims) from line 6j of Schedule E/F  | \$              | 215,764.00                     |
|                 |   |   |   | Your total liabilit   | ies \$          | 250,721.00                     |
| Part 3          | 3: Summarize  | Your Income and   | Expenses  |   |                 |                                |
|                 |   | Income (Official Foined monthly income                  |   | e I   | \$              | 5,351.50                       |
|                 |   | r Expenses (Official hly expenses from line             |   |   | \$              | 5,166.17                       |
| Part 4          | 4: Answer Th  | ese Questions for                                       | Administrative and Stat   | tistical Records  |                 |                                |
|                 |   |   | er Chapters 7, 11, or 13? on this part of the form. C           | P Check this box and submit this form to the court with   | ı your other sc | hedules.                       |
| 7.              | ■ Yes<br>What kind of de                                  | bt do you have?   |   |   |                 |                                |
|                 | ■ Your debts  | are primarily cons                                      | sumer debts. Consumer   | debts are those "incurred by an individual primarily  | for a persona   | l, family, or                  |

Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

8. **From the** *Statement of Your Current Monthly Income*: Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

7,166.00

O. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

|  | Total clair | m        |
|--|-------------|----------|
| From Part 4 on Schedule E/F, copy the following:   |             |          |
| 9a. Domestic support obligations (Copy line 6a.)   | \$          | 0.00     |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.)  | \$          | 0.00     |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)  | \$          | 0.00     |
| 9d. Student loans. (Copy line 6f.)   | \$          | 5,935.00 |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$          | 0.00     |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)                                       | +\$         | 0.00     |
| 9g. <b>Total.</b> Add lines 9a through 9f.   | \$          | 5,935.00 |

| Fill in this infor              | rmation to identify your ca       | se and this filing:                 |  |   |   |
|---------------------------------|-----------------------------------|-------------------------------------|--|---|---|
| Debtor 1                        | Shaina Helene Tac                 | kett                                |  |   |   |
|                                 | First Name                        | Middle Name                         | Last Name  |   |   |
| Debtor 2<br>(Spouse, if filing) | First Name                        | Middle Name                         | Last Name  |   |   |
|                                 |                                   | IORTHERN DISTRICT C                 | NE TEVAC   |   |   |
| United States B                 | ankruptcy Court for the: _N       | IORTHERN DISTRICT C                 | IF TEXAS   |   |   |
| Case number                     |                                   |                                     |  |   | ☐ Check if this is an amended filing  |
| Official Fo                     | orm 106A/B                        |                                     |  |   |   |
| Schedu                          | le A/B: Prope                     | erty                                |  |   | 12/15   |
|                                 | have any legal or equitable in    |                                     | You Own or Have an Interest In uilding, land, or similar property? | ,   |   |
| omeone else dr                  |                                   | also report it on Schedul           | icles, whether they are regist<br>le G: Executory Contracts and l  |   | rehicles you own that   |
| - res                           |                                   |                                     |  |   |   |
| 3.1 Make:<br>Model:             | Volkswagen<br>Taos                | Who has an intere                   | est in the property? Check one                                     | the amount of any secur                       | claims or exemptions. Put ed claims on Schedule D: ims Secured by Property. |
|                                 | 2022<br>ate mileage: 33,00        |                                     | •  | Current value of the entire property?         | Current value of the portion you own?                                       |
| Other info                      | rmation:<br>pered. Fair Condition | At least one of t                   | he debtors and another   |   |   |
|                                 | VTX7B21NM033594                   | Check if this is (see instructions) | community property   | \$17,771.00                                   | \$17,771.00   |
| 3.2 Make:                       | Yamaha<br>YZFR3                   |                                     | est in the property? Check one                                     | the amount of any secur                       | claims or exemptions. Put ed claims on Schedule D:                          |
| Model:<br>Year:                 | 2024                              | Debtor 1 only                       |  |   | ims Secured by Property.  |
|                                 |                                   | Debtor 2 only Debtor 1 and De       | ebtor 2 only   | Current value of the<br>entire property?      | Current value of the portion you own?                                       |
| Other info                      |                                   |                                     | he debtors and another   |   | , <b>,</b>  |
| Encumb                          | pered. Fair Condition             |                                     |  | <b>**</b> • • • • • • • • • • • • • • • • • • | <b>**</b>   |
| VIN. MH                         | 3RH18Y3RK017393                   | Check if this is (see instructions) | community property   | \$6,270.00                                    | \$6,270.00  |

| De  | ebtor 1          | Shaina Hele   | ne Tackett   | Case number (if known)                         |  |
|-----|------------------|---|--|--|--|
|     |                  |   | tor homes, ATVs and other recreational vehicle<br>motors, personal watercraft, fishing vessels, snow |  |  |
| ı   | No               |   |  |  |  |
| [   | ☐ Yes            |   |  |  |  |
|     |                  |   | the portion you own for all of your entries from<br>ed for Part 2. Write that number here            |  | \$24,041.00  |
| Pa  | rt 3: Des        | scriba Vaur Parsa                                   | nal and Household Items  |  |  |
|     |                  |   | egal or equitable interest in any of the following   | g items?                                       | Current value of the portion you own?  Do not deduct secured claims or exemptions. |
|     |                  | <b>old goods and f</b><br>es: Major applian         | urnishings<br>ices, furniture, linens, china, kitchenware  |  |  |
|     | Yes.             | Describe  |  |  |  |
|     |                  |   | Miscellaneous household furnishings:   |  |  |
|     |                  |   | living room set;   |  |  |
|     |                  |   | 2 bedroom sets;<br>day bed;  |  |  |
|     |                  |   | entertainment stand.   |  | \$1,000.00   |
|     | □No              |   | nd radios; audio, video, stereo, and digital equipm<br>phones, cameras, media players, games         | ,        | ,  |
|     |                  |   | Miscellaneous electronics:   |  |  |
|     |                  |   | 1 TV set;<br>1 laptop PC;<br>1 cell phone.   |  | \$600.00   |
|     |                  |   | . con priories   |  |  |
|     | Example<br>      |   | figurines; paintings, prints, or other artwork; book<br>ons, memorabilia, collectibles               | s, pictures, or other art objects; stamp, coir | n, or baseball card collections;   |
|     | ■ No<br>□ Yes.   | Describe  |  |  |  |
|     | Example          | ent for sports and es: Sports, photo musical instru | graphic, exercise, and other hobby equipment; bi   | cycles, pool tables, golf clubs, skis; canoes  | and kayaks; carpentry tools;   |
|     | ■ No<br>□ Yes.   | Describe  |  |  |  |
| 10. | Firearm<br>Examp |   | s, shotguns, ammunition, and related equipment   |  |  |
|     | ■ No             | Describe  |  |  |  |
|     | Clothes<br>Examp |   | othes, furs, leather coats, designer wear, shoes, a  | ccessories                                     |  |

Yes. Describe.....

| Debtor 1                       | Shaina Helei                              | ene Tackett Case number (if known) |                       |   |                      | vn)   |
|--------------------------------|---|------------------------------------|-----------------------|---|----------------------|---|
|                                |   | Perso                              | nal clothing of       | average kind and quality.   |                      | \$500.00  |
| □ No                           |   |                                    |                       | agement rings, wedding rings, heirloom jewe   | elry, watches, geme  | s, gold, silver   |
|                                |   |                                    | Jewelry:<br>Watch.    |   |                      | \$100.00  |
| Exam <sub>l</sub><br>□ No<br>□ | urm animals<br>ples: Dogs, cats, l        | birds, hor                         | ses                   |   |                      |   |
|                                |   | 3 Hou                              | sehold Cats           |   |                      | Unknown   |
| ■ No<br>□ Yes.                 | Give specific info                        | ormation.                          |                       | d not already list, including any health aid  |                      |   |
| for P                          | art 3. Write that                         | number l                           | nere                  | Part 3, including any entries for pages yo  | u have attached      | \$2,200.00  |
|                                | escribe Your Finand<br>Ivn or have any lo |                                    |                       | in any of the following?  |                      | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| ■ No                           |   |                                    | our wallet, in your l | nome, in a safe deposit box, and on hand wh   | en you file your pe  | etition   |
|                                |   |                                    |                       | counts; certificates of deposit; shares in crects with the same institution, list each. | lit unions, brokeraç | ge houses, and other similar  |
|                                |   |                                    |                       | Institution name:   |                      |   |
|                                |   | 17.1.                              | Checking              | USAA Bank (7055)  |                      | \$0.00  |
|                                |   | 17.2.                              | Savings               | USAA Bank (5331)  |                      | \$0.00  |
|                                |   | 17.3.                              | Checking              | Navy Federal Credit Union (4  | <b>1</b> 16)         | \$0.35  |
|                                |   | 17.4.                              | Savings               | Navy Federal Credit Union (8  | 790)                 | \$0.00  |
|                                |   | 17.5.                              | Checking              | Bank Of America (6742)  |                      | \$623.00  |

| Debtor 1 |                 | Shaina Helene Tackett                 |              |   | Case number (if known)  |   |   |
|----------|-----------------|---------------------------------------|--------------|---|---|---|---|
|          |                 |                                       | 17.6.        | PrePaid                                       | Venmo   |   | \$0.00  |
| •        | Examp<br>■ No   | oles: Bond funds                      |              |   | rokerage firms, money market ac   | counts  |   |
| L        | ┛Yes            |                                       |              | Institution or issuer                         | rname:  |   |   |
| _        |                 | ublicly traded s<br>renture           | tock and     | interests in incorp                           | orated and unincorporated bu  | sinesses, including an interest in a                          | n LLC, partnership, and                                     |
|          |                 | Give specific in                      |              | about them<br>me of entity:                   |   | % of ownership:   |   |
| _        | Negoti          | iable instrument                      | s include ¡  | oersonal checks, ca                           | otiable and non-negotiable ins<br>ashiers' checks, promissory notes<br>ransfer to someone by signing or | s, and money orders.  |   |
|          | ☐ Yes.          | Give specific inf                     |              | about them<br>uer name:                       |   |   |   |
| _        |                 | ment or pension<br>oles: Interests in |              |   | 403(b), thrift savings accounts, o  | or other pension or profit-sharing plans                      | <b>S</b>  |
|          | ☐ Yes.          | List each accou                       | •            | tely.<br>of account:                          | Institution name:   |   |   |
| _        | Your s          |                                       | ed deposi    | ts you have made s                            | so that you may continue service , public utilities (electric, gas, wat                                 | or use from a company<br>er), telecommunications companies, o | or others   |
|          |                 |                                       |              |   | Institution name or indivi  | dual:   |   |
| _        | Annuit<br>■ No  | ies (A contract f                     | or a perio   | dic payment of mon                            | ney to you, either for life or for a n  | number of years)  |   |
| _        |                 | ls                                    | ssuer nam    | ne and description.                           |   |   |   |
| 2        |                 | ts in an educati<br>C. §§ 530(b)(1),  |              |   | qualified ABLE program, or und  | der a qualified state tuition progran                         | n.  |
|          |                 | lı                                    | nstitution i | name and description                          | on. Separately file the records of  | any interests.11 U.S.C. § 521(c):                             |   |
| _        | Trusts,<br>■ No | , equitable or fo                     | uture inte   | rests in property (                           | other than anything listed in lir   | ne 1), and rights or powers exercisa                          | able for your benefit                                       |
|          | ☐ Yes.          | Give specific in                      | formation    | about them                                    |   |   |   |
| _        |                 |                                       |              |   | and other intellectual property<br>eds from royalties and licensing a                                   | agreements  |   |
|          | ☐ Yes.          | Give specific in                      | formation    | about them                                    |   |   |   |
|          | Examp           |                                       |              | er general intangible<br>lusive licenses, coo |   | uor licenses, professional licenses                           |   |
|          | ■ No<br>□ Yes.  | Give specific in                      | formation    | about them                                    |   |   |   |
|          |                 | property owed                         |              |   |   |   | Current value of the portion you own? Do not deduct secured |

Official Form 106A/B Schedule A/B: Property page 4

claims or exemptions.

| Deb   | tor 1 Shaina  | a Helene Tackett  | Case number (if known)                                  |                            |
|-------|---|---|---|----------------------------|
| _     | Tax refunds owe   | ed to you   |   |                            |
|       | No Yes. Give spec   | cific information about them, including whether   | you already filed the returns and the tax years         |                            |
| _     | Family support Examples: Past                             | due or lump sum alimony, spousal support, ch  | ild support, maintenance, divorce settlement, property  | settlement                 |
|       | Yes. Give spec  | cific information   |   |                            |
|       | Examples: Unpa  | someone owes you<br>aid wages, disability insurance payments, disab<br>efits; unpaid loans you made to someone else | oility benefits, sick pay, vacation pay, workers' compe | nsation, Social Security   |
|       | Yes. Give spec  | cific information   |   |                            |
| _     | <b>nterests in insu</b><br><i>Examples:</i> Healt<br>] No |   | ccount (HSA); credit, homeowner's, or renter's insurar  | nce                        |
|       | Yes. Name the   | e insurance company of each policy and list its company name:   | value.<br>Beneficiary:                                  | Surrender or refund value: |
|       |   | USAA. Debtor has term life i<br>with no cash surrender valu   |   | \$0.00                     |
| 33. ( | Claims against t Examples: Accid                          | ed. cific information  third parties, whether or not you have filed a dents, employment disputes, insurance claims, |   |                            |
|       | No  |   | ncluding counterclaims of the debtor and rights to      | set off claims             |
| L     | J Yes. Describe   | each claim  |   |                            |
|       | No  | sets you did not already list   |   |                            |
| 36.   |   |   | uding any entries for pages you have attached           | \$623.35                   |
| Part  | 5: Describe Any   | Business-Related Property You Own or Have an  | Interest In. List any real estate in Part 1.            |                            |
|       | No. Go to Part 6. Yes. Go to line 38                      | ve any legal or equitable interest in any business-   | related property?                                       |                            |
| Part  | If you own or h   | r Farm- and Commercial Fishing-Related Property have an interest in farmland, list it in Part 1.                    |   |                            |

Official Form 106A/B Schedule A/B: Property page 5

No. Go to Part 7.

| Debt   | or 1        | Shaina Helene Tackett   |                  | Case number (if known)    |                         |
|--------|-------------|---|------------------|---------------------------|-------------------------|
| I      | ☐ Yes.      | . Go to line 47.  |                  |                           |                         |
| Part 7 | 7:          | Describe All Property You Own or Have an Interest in That You Di  | d Not List Above |                           |                         |
|        | Examp<br>No | have other property of any kind you did not already list?  oles: Season tickets, country club membership  Give specific information |                  |                           |                         |
|        |             | he dollar value of all of your entries from Part 7. Write that r  | number here      |                           | \$0.00                  |
| Part 8 | B:          | List the Totals of Each Part of this Form   |                  |                           |                         |
| 55.    | Part 1      | : Total real estate, line 2   |                  |                           | \$0.00                  |
| 56.    | Part 2      | 2: Total vehicles, line 5   | \$24,041.00      |                           |                         |
| 57.    | Part 3      | 3: Total personal and household items, line 15  | \$2,200.00       |                           |                         |
| 58.    | Part 4      | l: Total financial assets, line 36  | \$623.35         |                           |                         |
| 59.    | Part 5      | i: Total business-related property, line 45   | \$0.00           |                           |                         |
| 60.    | Part 6      | S: Total farm- and fishing-related property, line 52  | \$0.00           |                           |                         |
| 61.    | Part 7      | ': Total other property not listed, line 54 +   | \$0.00           |                           |                         |
| 62.    | Total       | personal property. Add lines 56 through 61  | \$26,864.35      | Copy personal property to | stal <b>\$26,864.35</b> |
| 63.    | Total       | of all property on Schedule A/B. Add line 55 + line 62  |                  |                           | \$26,864.35             |

|   |  |   |  |   |  | •   |
|---|--|---|--|---|--|---|
| H   | I in this informa  | tion to identify your   | case:  |   |  |   |
| De  | ebtor 1  | Shaina Helene Ta  | Ckett<br>Middle Name   | L   | ast Name   |   |
|   | ebtor 2<br>ouse if, filing)  | First Name  | Middle Name  | L   | ast Name   |   |
| Ur  | nited States Bank  | ruptcy Court for the:   | NORTHERN DISTRICT OF   | TEXA  | s  |   |
|   | ase number   |   |  |   |  | ☐ Check if this is an amended filing  |
|   | fficial Forr   |   | operty You Cla   | im  | as Exempt  | 4/22  |
| the<br>need<br>cas<br>For<br>spe<br>any<br>fun<br>exe | property you listeded, fill out and a se number (if known each item of precific dollar amory applicable stateds—may be unlemption to a par | ed on Schedule A/B: F<br>attach to this page as a<br>wn).<br>coperty you claim as<br>bunt as exempt. Alter<br>autory limit. Some exe<br>limited in dollar amount<br>ticular dollar amount | Property (Official Form 106A/B) many copies of Part 2: Addition exempt, you must specify the natively, you may claim the femptions—such as those for unt. However, if you claim an | as yo<br>nal Pa<br>e amo<br>full fai<br>healt<br>exen | our source, list the property that you age as necessary. On the top of any ount of the exemption you claim. Our market value of the property being the aids, rights to receive certain by the property of 100% of fair market value of the property being the aids, rights to receive certain by the property of 100% of fair market value of the property being the aids, rights to receive certain by the property of 100% of fair market value of 100% | additional pages, write your name and<br>One way of doing so is to state a<br>ng exempted up to the amount of<br>enefits, and tax-exempt retirement |
|   | <u></u>  | tatutory amount.<br>the Property You Cla  | ıim as Exempt  |   |  |   |
| 1.  | Which set of e   | xemptions are you c   | laiming? Check one only, eve   | n if vo   | our spouse is filing with you.   |   |
| ••  | _  | •   | nonbankruptcy exemptions.  | •   | , , ,  |   |
|   | You are clair  | ming federal exemption  | ns. 11 U.S.C. § 522(b)(2)  |   |  |   |
| 2.  | For any proper   | rty you list on Sched   | ule A/B that you claim as exe  | empt,   | fill in the information below.   |   |
|   |  | of the property and line<br>at lists this property  | e on Current value of the portion you own  |   |  | Specific laws that allow exemption  |
|   |  |   | Copy the value from<br>Schedule A/B  | Check only one box for each exemption.                |  |   |
|   |  | a YZFR3 1,200 mile<br>. Fair Condition  | \$6,270.00   |   | \$1,170.00   | 11 U.S.C. § 522(d)(2)   |
|   | VIN. MH3RH1<br>Line from Sche  | 18Y3RK017393<br>dule A/B: 3.2   |  |   | 100% of fair market value, up to any applicable statutory limit  |   |
|   | Miscellaneou furnishings:  | ıs household  | \$1,000.00   |   | \$1,000.00   | 11 U.S.C. § 522(d)(3)   |
|   | living room s 2 bedroom s day bed; entertainmer Line from Sche   | ets;<br>nt stand.   |  |   | 100% of fair market value, up to any applicable statutory limit  |   |
|   | Miscellaneou   | ıs electronics:   | \$600.00   |   | \$600.00   | 11 U.S.C. § 522(d)(3)   |
|   | 1 TV set;<br>1 laptop PC;  |   |  |   | 100% of fair market value, up to any applicable statutory limit  |   |

1 cell phone.

Line from Schedule A/B: 7.1

| De   | btor 1                       | Shaina Helene Tackett   |  |         | Case number (if known)  |                                    |
|------|------------------------------|---|--|---------|---|------------------------------------|
|      |                              | description of the property and line on dule A/B that lists this property       | Current value of the Amount of the exemption you claim portion you own |         |   | Specific laws that allow exemption |
|      |                              |   | Copy the value from<br>Schedule A/B                                    | Che     | eck only one box for each exemption.                            |                                    |
|      |                              | sonal clothing of average kind quality.   | \$500.00   |         | \$500.00  | 11 U.S.C. § 522(d)(3)              |
|      |                              | from Schedule A/B: 11.1   |  |         | 100% of fair market value, up to any applicable statutory limit |                                    |
|      |                              | c. Jewelry:<br>le Watch.  | \$100.00   |         | \$100.00  | 11 U.S.C. § 522(d)(4)              |
|      |                              | from Schedule A/B: 12.1   |  |         | 100% of fair market value, up to any applicable statutory limit |                                    |
|      |                              | cking: USAA Bank (7055)   | \$0.00   |         | \$0.00  | 11 U.S.C. § 522(d)(5)              |
| LIII |                              | Holli Schedule A/B. 11.1  |  |         | 100% of fair market value, up to any applicable statutory limit |                                    |
|      | Che<br>(441                  | cking: Navy Federal Credit Union  | \$0.35   |         | \$0.35  | 11 U.S.C. § 522(d)(5)              |
|      | •                            | from Schedule A/B: 17.3   |  |         | 100% of fair market value, up to any applicable statutory limit |                                    |
|      |                              | cking: Bank Of America (6742) from Schedule A/B: 17.5                           | \$623.00   |         | \$623.00  | 11 U.S.C. § 522(d)(5)              |
|      | Line from Schedule A/B. 17.3 |   |  |         | 100% of fair market value, up to any applicable statutory limit |                                    |
| 3.   | (Sub                         | you claiming a homestead exemption of ject to adjustment on 4/01/25 and every 3 |  |         | led on or after the date of adjustmer                           | nt.)                               |
|      |                              | No  |  |         |   |                                    |
|      |                              | Yes. Did you acquire the property covere  | ed by the exemption wi   | ithin 1 | ,215 days before you filed this case                            | ?                                  |
|      |                              | □ No  |  |         |   |                                    |
|      |                              | ☐ Yes   |  |         |   |                                    |

| Fill in this in                 | formation to identify you         | ır case:  |  |                          |                   |
|---------------------------------|-----------------------------------|---|--|--------------------------|-------------------|
| Debtor 1                        | Shaina Helene                     | Fackett Fackett   |  |                          |                   |
|                                 | First Name                        | Middle Name Last Name   |  | -                        |                   |
| Debtor 2<br>(Spouse if, filing) | First Name                        | Middle Name Last Name   |  | -                        |                   |
|                                 |                                   |   |  |                          |                   |
| United States                   | Bankruptcy Court for the          | NORTHERN DISTRICT OF TEXAS  |  | -                        |                   |
| Case number                     | r                                 |   |  |                          |                   |
| (if known)                      |                                   |   |  | _                        | if this is an     |
|                                 |                                   |   |  | amend                    | ded filing        |
| Official Fo                     | orm 106D                          |   |  |                          |                   |
|                                 |                                   | Who Have Claims Secure  | ed by Propert                          | V                        | 12/15             |
| Scriedu                         | ie D. Creditors                   | Wild Have Claims Secur  | ed by Fropert                          | <u>y</u>                 | 12/15             |
|                                 | y the Additional Page, fill it    | If two married people are filing together, both are<br>out, number the entries, and attach it to this form          |  |                          |                   |
| •                               | tors have claims secured by       | your property?  |  |                          |                   |
| ☐ No. CI                        | heck this box and submit t        | his form to the court with your other schedules.  | . You have nothing else t              | to report on this form.  |                   |
| _                               | fill in all of the information    | •   | Ŭ                                      | ·                        |                   |
|                                 | st All Secured Claims             |   |  |                          |                   |
|                                 |                                   |   | Column A                               | Column B                 | Column C          |
| for each claim.                 | If more than one creditor has     | nore than one secured claim, list the creditor separat<br>a particular claim, list the other creditors in Part 2. A |  | Value of collateral      | Unsecured         |
| much as possib                  | ole, list the claims in alphabeti | cal order according to the creditor's name.   | Do not deduct the value of collateral. | that supports this claim | portion<br>If any |
| 2.1 Freedo                      | om Road Financial                 | Describe the property that secures the claim:   | \$4,836.00                             | \$6,270.00               | \$0.00            |
| Creditor's                      | Name                              | 2024 Yamaha YZFR3 1,200 miles   |  |                          |                   |
|                                 |                                   | Encumbered. Fair Condition  |  |                          |                   |
|                                 | Bankruptcy                        | VIN. MH3RH18Y3RK017393  |  |                          |                   |
|                                 | Professional Suite 100            | As of the date you file, the claim is: Check all that   | J                                      |                          |                   |
| ,                               | NV 89521                          | apply.  Contingent  |  |                          |                   |
| Number, S                       | Street, City, State & Zip Code    | ☐ Unliquidated  |  |                          |                   |
|                                 |                                   | Disputed  |  |                          |                   |
| Who owes th                     | e debt? Check one.                | Nature of lien. Check all that apply.   |  |                          |                   |
| Debtor 1 on                     | nly                               | ☐ An agreement you made (such as mortgage or  | secured                                |                          |                   |
| Debtor 2 on                     | ıly                               | car loan)   |  |                          |                   |
| Debtor 1 an                     | nd Debtor 2 only                  | ☐ Statutory lien (such as tax lien, mechanic's lien)  | )                                      |                          |                   |
| ☐ At least one                  | e of the debtors and another      | ☐ Judgment lien from a lawsuit  |  |                          |                   |
| ☐ Check if the communit         | is claim relates to a<br>ry debt  | Other (including a right to offset)   |  |                          |                   |
| Data dalat                      | Opened                            | Last 4 digits of account number 830   | 8                                      |                          |                   |
| Date debt was                   | incurred 07/24                    | Last 4 digits of account number 830   | •                                      |                          |                   |

| Debtor 1 Shaina Helene Tackett                                     |  | Case number (if known) |                                       |             |  |
|--|--|------------------------|---------------------------------------|-------------|--|
| First Name Middle N  | ame Last Name  |                        |                                       |             |  |
| 2.2 USAA FSB   | Describe the property that secures the claim:  | \$30,121.00            | \$17,771.00                           | \$12,350.00 |  |
| Creditor's Name  | 2022 Volkswagen Taos 33,000 miles Encumbered. Fair Condition                                     |                        | · · · · · · · · · · · · · · · · · · · |             |  |
| POB 47504<br>San Antonio, TX 78265                                 | VIN. 3VVTX7B21NM033594  As of the date you file, the claim is: Check all that apply.  Contingent |                        |                                       |             |  |
| Number, Street, City, State & Zip Code                             | ☐ Unliquidated   |                        |                                       |             |  |
| Who owes the debt? Check one.                                      | ☐ Disputed  Nature of lien. Check all that apply.  |                        |                                       |             |  |
| ■ Debtor 1 only □ Debtor 2 only                                    | An agreement you made (such as mortgage or se<br>car loan)                                       | cured                  |                                       |             |  |
| ☐ Debtor 1 and Debtor 2 only                                       | ☐ Statutory lien (such as tax lien, mechanic's lien)   |                        |                                       |             |  |
| $\square$ At least one of the debtors and another                  | ☐ Judgment lien from a lawsuit   |                        |                                       |             |  |
| ☐ Check if this claim relates to a community debt                  | Other (including a right to offset)  |                        |                                       |             |  |
| Date debt was incurred Aug 14,2023                                 | Last 4 digits of account number 0126   |                        |                                       |             |  |
|  |  |                        |                                       |             |  |
| Add the dollar value of your entries in C                          | olumn A on this page. Write that number here:  | \$34,957.0             | 0                                     |             |  |
| If this is the last page of your form, add Write that number here: | the dollar value totals from all pages.  | \$34,957.0             |                                       |             |  |

## Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

| Fill in this i  | nformation to identify your                                   | case:   |   |  |  |
|---|---|---|---|--|--|
| Debtor 1  | Shaina Helene Ta  | ckett   |   |  |  |
|   | First Name  | Middle Name   | Last Name   |  |  |
| Debtor 2  |   |   |   |  |  |
| (Spouse if, filing  | ) First Name  | Middle Name   | Last Name   |  |  |
| United State  | s Bankruptcy Court for the:                                   | NORTHERN DIST   | RICT OF TEXAS   |  |  |
| Case numbe  | or.   |   |   |  |  |
| (if known)  | ,   |   |   |  | ☐ Check if this is an  |
|   |   |   |   |  | amended filing   |
| ~ <i></i> –   |   |   |   |  |  |
|   | orm 106E/F  |   |   |  |  |
| Schedul   | e E/F: Creditors W  | ho Have Uns   | ecured Claims   |  | 12/15  |
| Schedule G: E<br>Schedule D: C<br>eft. Attach the<br>name and cas | xecutory Contracts and Unexp<br>reditors Who Have Claims Sect | ired Leases (Official F<br>ured by Property. If mo<br>e. If you have no infor | orm 106G). Do not include ore space is needed, copy t | any creditors with partially secu<br>he Part you need, fill it out, num  | erty (Official Form 106A/B) and on<br>red claims that are listed in<br>aber the entries in the boxes on the<br>of any additional pages, write your |
|   | reditors have priority unsecured                              |   |   |  |  |
| _ `   | o to Part 2.  | ,   |   |  |  |
| ☐ Yes.  | 0.10.1.41.12.   |   |   |  |  |
| <b>□</b> 165.   |   |   |   |  |  |
| Part 2: L   | ist All of Your NONPRIORIT                                    | Y Unsecured Claim   | S   |  |  |
| 3. Do any c   | reditors have nonpriority unsec                               | ured claims against y   | ou?   |  |  |
| □ No. Yo  | ou have nothing to report in this pa                          | art. Submit this form to  | the court with your other sche                        | edules.  |  |
| _   | 3   |   | ,   |  |  |
| Yes.  |   |   |   |  |  |
| unsecure  | d claim, list the creditor separately                         | / for each claim. For each  | ch claim listed, identify what t                      | holds each claim. If a creditor ha<br>ype of claim it is. Do not list claims<br>three nonpriority unsecured claims | already included in Part 1. If more  |
|   |   |   |   |  | Total claim  |
| 4.1 <b>Bar</b>  | nk of America   | Last 4  | digits of account number                              | 4606   | \$175.00   |
|   | priority Creditor's Name                                      |   | _   |  | <del></del>  |
|   | n: Bankruptcy   | <b>147</b>  |   | Opened 06/20 Last Acti   | ive  |
|   | 9 Savarese Circle<br>npa, FL 33634                            | wnen  | was the debt incurred?                                | 10/24  |  |
| Num   | ber Street City State Zip Code                                | As of t   | he date you file, the claim i                         | s: Check all that apply  |  |
| Who   | incurred the debt? Check one.                                 |   |   |  |  |
|   | ebtor 1 only  | □ Coi   | ntingent  |  |  |
|   | ebtor 2 only  | ☐ Unl   | liquidated  |  |  |
|   | ebtor 1 and Debtor 2 only                                     | ☐ Dis   | •   |  |  |
|   | t least one of the debtors and and                            | _   | of NONPRIORITY unsecured                              | I claim:   |  |
|   | heck if this claim is for a comm                              |   | dent loans  |  |  |
| debt  |   | ☐ Obl   | ligations arising out of a sepa<br>as priority claims | ration agreement or divorce that yo  | ou did not   |
|   | lo  | _ <u></u>   | · ·   | g plans, and other similar debts   |  |
| ПΥ  |   | ■ Oth   | ner. Specify Credit Card                              |  |  |
|   |   | <b>—</b> Oii  | ici. Opecity 212222                                   |  |  |

| Debtor | 1 Shaina Helene Tackett   | Case number (if known)   |  |             |  |  |  |
|--------|---|--|--|-------------|--|--|--|
| 4.2    | Capital One Nonpriority Creditor's Name                                       | Last 4 digits of account number  | 9933   | \$41,811.00 |  |  |  |
|        | Attn: Bankruptcy Po Box 30285 Salt Lake City, UT 84130                        | When was the debt incurred?  | Opened 08/15 Last Active 10/24                       |             |  |  |  |
|        | Number Street City State Zip Code Who incurred the debt? Check one.           | As of the date you file, the claim   | s: Check all that apply                              |             |  |  |  |
|        | ■ Debtor 1 only   | ☐ Contingent   |  |             |  |  |  |
|        | Debtor 2 only   | ☐ Unliquidated   |  |             |  |  |  |
|        | Debtor 1 and Debtor 2 only  | ☐ Disputed   |  |             |  |  |  |
|        | At least one of the debtors and another                                       | Type of NONPRIORITY unsecured  | d claim:   |             |  |  |  |
|        | ☐ Check if this claim is for a community debt Is the claim subject to offset? | ☐ Student loans ☐ Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not         |             |  |  |  |
|        | No  | Debts to pension or profit-sharin  | g plans, and other similar debts                     |             |  |  |  |
|        | ☐ Yes   | ■ Other. Specify Credit Card   |  |             |  |  |  |
|        |   | — Other. Specify   |  |             |  |  |  |
| 4.3    | Citibank Nonpriority Creditor's Name  | Last 4 digits of account number  | 7715   | \$13,654.00 |  |  |  |
|        | Attn: Bankruptcy Po Box 790040  | When was the debt incurred?  | Jul 10,2022  |             |  |  |  |
|        | St Louis, MO 63179  | =  |  |             |  |  |  |
|        | Number Street City State Zip Code  Who incurred the debt? Check one.          | As of the date you file, the claim   | s: Check all that apply                              |             |  |  |  |
|        | ■ Debtor 1 only   | ☐ Contingent   |  |             |  |  |  |
|        | Debtor 2 only   |  | ☐ Unliquidated                                       |             |  |  |  |
|        | Debtor 1 and Debtor 2 only  | ☐ Disputed   |  |             |  |  |  |
|        | ☐ At least one of the debtors and another                                     |  | Type of NONPRIORITY unsecured claim: ☐ Student loans |             |  |  |  |
|        | ☐ Check if this claim is for a community                                      | ☐ Student loans  |  |             |  |  |  |
|        | debt Is the claim subject to offset?  | ☐ Obligations arising out of a separeport as priority claims                 |  |             |  |  |  |
|        | ■ No  | Debts to pension or profit-sharing   |  |             |  |  |  |
|        | Yes   | Other. Specify Credit Card   |  |             |  |  |  |
| 4.4    | First Mark Services   | Last 4 digits of account number  | 5927   | \$3,722.00  |  |  |  |
|        | Nonpriority Creditor's Name Attn: Bankruptcy Po Box 82522 Lincoln, NE 68501   | When was the debt incurred?  | Opened 06/04 Last Active 9/01/24                     |             |  |  |  |
|        | Number Street City State Zip Code  Who incurred the debt? Check one.          | As of the date you file, the claim   |  |             |  |  |  |
|        | ■ Debtor 1 only   | ☐ Contingent   |  |             |  |  |  |
|        | Debtor 2 only   | ☐ Unliquidated ☐ Disputed  |  |             |  |  |  |
|        | ☐ Debtor 1 and Debtor 2 only  |  |  |             |  |  |  |
|        | ☐ At least one of the debtors and another                                     | Type of NONPRIORITY unsecured  |  |             |  |  |  |
|        | ☐ Check if this claim is for a community                                      | Student loans  |  |             |  |  |  |
|        | debt Is the claim subject to offset?  | report as priority claims  | ration agreement or divorce that you did not         |             |  |  |  |
|        | ■ No  | Debts to pension or profit-sharing   | g plans, and other similar debts                     |             |  |  |  |
|        | ☐ Yes   | Other. Specify   |  |             |  |  |  |
|        |   | Educationa   | i  |             |  |  |  |

| Debtor | 1 Shaina Helene Tackett  | Case number (if known)  |  |             |  |  |
|--------|--|---|--|-------------|--|--|
| 4.5    | First Mark Services Nonpriority Creditor's Name                      | Last 4 digits of account number                                   | 7384   | \$2,213.00  |  |  |
|        | Attn: Bankruptcy<br>Po Box 82522<br>Lincoln, NE 68501                | When was the debt incurred?                                       | Opened 04/05 Last Active 9/01/24                                 |             |  |  |
|        | Number Street City State Zip Code  Who incurred the debt? Check one. | As of the date you file, the claim                                | is: Check all that apply   |             |  |  |
|        | ■ Debtor 1 only  | ☐ Contingent  |  |             |  |  |
|        | Debtor 2 only  | ☐ Unliquidated  |  |             |  |  |
|        | ☐ Debtor 1 and Debtor 2 only   | ☐ Disputed  |  |             |  |  |
|        | ☐ At least one of the debtors and another                            | Type of NONPRIORITY unsecure                                      | d claim:   |             |  |  |
|        | ☐ Check if this claim is for a community                             | Student loans   |  |             |  |  |
|        | debt Is the claim subject to offset?                                 | Obligations arising out of a separeport as priority claims        | aration agreement or divorce that you did not                    |             |  |  |
|        | ■ No   | Debts to pension or profit-sharing                                | ng plans, and other similar debts                                |             |  |  |
|        | Yes  | Other. Specify  |  |             |  |  |
|        |  | Educationa  | al .   |             |  |  |
| 4.6    | Goldman Sachs Bank USA   | Last 4 digits of account number                                   | 5336   | \$11,681.00 |  |  |
|        | Nonpriority Creditor's Name Attn: Bankruptcy                         | When was the debt incurred?                                       | Nov 18, 2020   |             |  |  |
|        | Po Box 70379   |   | 107 10, 2020   |             |  |  |
|        | Philadelphia, PA 19176   | -   |  |             |  |  |
|        | Number Street City State Zip Code  Who incurred the debt? Check one. | As of the date you file, the claim                                | is: Check all that apply   |             |  |  |
|        | Debtor 1 only  | ☐ Contingent  |  |             |  |  |
|        | Debtor 2 only  | ☐ Unliquidated  |  |             |  |  |
|        | Debtor 1 and Debtor 2 only   | ☐ Disputed  |  |             |  |  |
|        | At least one of the debtors and another                              | Type of NONPRIORITY unsecure                                      | d claim:   |             |  |  |
|        | ☐ Check if this claim is for a community                             | ☐ Student loans   |  |             |  |  |
|        | debt Is the claim subject to offset?                                 | ☐ Obligations arising out of a separeport as priority claims      | aration agreement or divorce that you did not                    |             |  |  |
|        | ■ No   | ☐ Debts to pension or profit-sharir                               | ng plans, and other similar debts                                |             |  |  |
|        | ☐ Yes  | ■ Other Specify Credit Card                                       | 1  |             |  |  |
| 4.7    | Harley Davidson  | Last 4 digits of account number                                   | 1000   | \$42,461.00 |  |  |
|        | Nonpriority Creditor's Name Attn: Bankruptcy                         | When was the debt incurred?                                       | Apr 15,2024  |             |  |  |
|        | 3850 ARROWHEAD DRIVE   | When was the destinion ed:  | Αρι 13,2024  |             |  |  |
|        | Carson City, NV 89706  Number Street City State Zip Code             | As of the date you file, the claim                                | is: Check all that apply   |             |  |  |
|        | Who incurred the debt? Check one.                                    |   |  |             |  |  |
|        | Debtor 1 only  | ☐ Contingent  |  |             |  |  |
|        | Debtor 2 only  | ☐ Unliquidated  |  |             |  |  |
|        | ☐ Debtor 1 and Debtor 2 only   | ☐ Disputed  Type of NONPRIORITY unsecured claim:  ☐ Student loans |  |             |  |  |
|        | ☐ At least one of the debtors and another                            |   |  |             |  |  |
|        | Check if this claim is for a community                               |   |  |             |  |  |
|        | debt Is the claim subject to offset?                                 | ☐ Obligations arising out of a separeport as priority claims      |  |             |  |  |
|        | ■ No   | Debts to pension or profit-sharing                                | ng plans, and other similar debts                                |             |  |  |
|        |  | miles<br>Surrendere   | y-Davidson Street Glide 10,000<br>ed to creditor on December 17, |             |  |  |
|        | Yes  | Other. Specify calculated.  | not sold, nor deficiency   |             |  |  |

| Debtor | 1 Shaina Helene Tackett  |   | Case number (if known)   |             |  |  |  |
|--------|--|---|--|-------------|--|--|--|
| 4.8    | Jovia Financial Credit Union  Nonpriority Creditor's Name                              | Last 4 digits of account number   | 9085   | \$14,534.00 |  |  |  |
|        | Attn: Bankruptcy<br>264 Merrick Rd<br>Valley Stream, NY 11582                          | When was the debt incurred?   | Opened 04/24 Last Active 09/24   |             |  |  |  |
|        | Number Street City State Zip Code Who incurred the debt? Check one.                    | As of the date you file, the claim i  | s: Check all that apply  |             |  |  |  |
|        | Debtor 1 only  | ☐ Contingent  |  |             |  |  |  |
|        | ☐ Debtor 2 only  | ☐ Unliquidated  |  |             |  |  |  |
|        | ☐ Debtor 1 and Debtor 2 only   | ☐ Disputed  |  |             |  |  |  |
|        | ☐ At least one of the debtors and another  | Type of NONPRIORITY unsecured   | l claim:   |             |  |  |  |
|        | ☐ Check if this claim is for a community   | ☐ Student loans   |  |             |  |  |  |
|        | debt<br>Is the claim subject to offset?  | Obligations arising out of a separeport as priority claims  | ration agreement or divorce that you did not   |             |  |  |  |
|        | ■ No   | Debts to pension or profit-sharin   | g plans, and other similar debts   |             |  |  |  |
|        | Yes  | Other. Specify Unsecured  | personal loan  |             |  |  |  |
| 4.9    | JPMorgan Chase   | Last 4 digits of account number   | 6541   | \$10,395.00 |  |  |  |
|        | Nonpriority Creditor's Name Attn: Bankruptcy MailCode LA4-7100 700 Kansas Lane         | When was the debt incurred?   | Opened 3/21/24 Last Active 10/24   |             |  |  |  |
|        | Monroe, LA 71203  Number Street City State Zip Code  Who incurred the debt? Check one. | As of the date you file, the claim i  | As of the date you file, the claim is: Check all that apply  |             |  |  |  |
|        | ■ Debtor 1 only  | ☐ Contingent  |  |             |  |  |  |
|        | ☐ Debtor 2 only  | ☐ Unliquidated  |  |             |  |  |  |
|        | ☐ Debtor 1 and Debtor 2 only   | ☐ Disputed  |  |             |  |  |  |
|        | ☐ At least one of the debtors and another  | Type of NONPRIORITY unsecured   | Type of NONPRIORITY unsecured claim:   |             |  |  |  |
|        | ☐ Check if this claim is for a community   | ☐ Student loans   |  |             |  |  |  |
|        | debt Is the claim subject to offset?   | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts |  |             |  |  |  |
|        | ■ No   |   |  |             |  |  |  |
|        | Yes  | Other. Specify Credit Card  | <u> </u>   |             |  |  |  |
| 4.1    | JPMorgan Chase  Nonpriority Creditor's Name  | Last 4 digits of account number   | 9287   | \$8,916.00  |  |  |  |
|        | s/b/m/t Chase Bank USA, N.A. P. O. Box 9013 Addison, TX 75001                          | When was the debt incurred?   | Opened 03/22 Last Active 10/24   |             |  |  |  |
|        | Number Street City State Zip Code  Who incurred the debt? Check one.                   | As of the date you file, the claim i  | s: Check all that apply  |             |  |  |  |
|        | Debtor 1 only  | ☐ Contingent  |  |             |  |  |  |
|        | ☐ Debtor 2 only  | ☐ Unliquidated  |  |             |  |  |  |
|        | ☐ Debtor 1 and Debtor 2 only   | ☐ Disputed  |  |             |  |  |  |
|        | ☐ At least one of the debtors and another  | Type of NONPRIORITY unsecured   | d claim:   |             |  |  |  |
|        | ☐ Check if this claim is for a community debt  | ☐ Student loans ☐ Obligations arising out of a sepa   | ration agreement or divorce that you did not   |             |  |  |  |
|        | Is the claim subject to offset?  | report as priority claims   | and the second state of th |             |  |  |  |
|        | ■ No   | Debts to pension or profit-sharing  | g plans, and other similar debts   |             |  |  |  |
|        | Yes  | ■ Other. Specify Credit card  |  |             |  |  |  |

| Debto | Shaina Helene Tackett  |   | Case number (if known)                       |             |  |  |
|-------|--|---|--|-------------|--|--|
| 4.1   | NAVY FCU   | Last 4 digits of account number                               | 1270   | \$14,189.00 |  |  |
|       | Nonpriority Creditor's Name Attn: Bankruptcy   | When was the debt incurred?                                   | Mar 11, 2024                                 |             |  |  |
|       | Po Box 3000 Merrifield, VA 22119 Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim i                          | s: Check all that apply                      |             |  |  |
|       | Debtor 1 only  | ☐ Contingent  |  |             |  |  |
|       | Debtor 2 only  | ☐ Unliquidated  |  |             |  |  |
|       | Debtor 1 and Debtor 2 only   | ☐ Disputed  |  |             |  |  |
|       | ☐ At least one of the debtors and another  | Type of NONPRIORITY unsecured                                 | d claim:                                     |             |  |  |
|       | ☐ Check if this claim is for a community   | ☐ Student loans   |  |             |  |  |
|       | debt Is the claim subject to offset?   | Obligations arising out of a separeport as priority claims    | ration agreement or divorce that you did not |             |  |  |
|       | ■ No   | Debts to pension or profit-sharin                             | g plans, and other similar debts             |             |  |  |
|       | Yes  | Other. Specify Unsecured                                      | personal loan                                |             |  |  |
| 4.1   | Navy Federal Credit Union  | Last 4 digits of account number                               | xxxx   | \$10,065.00 |  |  |
| _     | Nonpriority Creditor's Name Attn: Bankruptcy Po Box 3000   | When was the debt incurred?                                   | Opened 07/23 Last Active 10/24               |             |  |  |
|       | Merrifield, VA 22119  Number Street City State Zip Code  Who incurred the debt? Check one.           | As of the date you file, the claim i                          |  |             |  |  |
|       | Debtor 1 only  | ☐ Contingent  |  |             |  |  |
|       | Debtor 2 only  | ☐ Unliquidated  |  |             |  |  |
|       | Debtor 1 and Debtor 2 only   | ☐ Disputed  |  |             |  |  |
|       | ☐ At least one of the debtors and another  | Type of NONPRIORITY unsecured                                 | d claim:                                     |             |  |  |
|       | ☐ Check if this claim is for a community   | ☐ Student loans   |  |             |  |  |
|       | debt Is the claim subject to offset?   | ☐ Obligations arising out of a sepa report as priority claims | ration agreement or divorce that you did not |             |  |  |
|       | ■ No   | Debts to pension or profit-sharin                             | g plans, and other similar debts             |             |  |  |
|       | Yes  | Other. Specify Credit Card                                    | <u> </u>                                     |             |  |  |
| 4.1   | Navy Federal Credit Union  | Last 4 digits of account number                               | 8550   | \$10,010.00 |  |  |
|       | Nonpriority Creditor's Name Attn: Bankruptcy Po Box 3000 Merrifield, VA 22119                        | When was the debt incurred?                                   | Opened 07/23 Last Active 9/17/24             |             |  |  |
|       | Number Street City State Zip Code  Who incurred the debt? Check one.                                 | As of the date you file, the claim i                          | s: Check all that apply                      |             |  |  |
|       | Debtor 1 only  | ☐ Contingent  |  |             |  |  |
|       | ☐ Debtor 2 only  | ☐ Unliquidated  |  |             |  |  |
|       | Debtor 1 and Debtor 2 only   | ☐ Disputed  |  |             |  |  |
|       | ☐ At least one of the debtors and another  | Type of NONPRIORITY unsecured                                 | d claim:                                     |             |  |  |
|       | ☐ Check if this claim is for a community   | ☐ Student loans   |  |             |  |  |
|       | debt   |   | ration agreement or divorce that you did not |             |  |  |
|       | Is the claim subject to offset?  | report as priority claims                                     |  |             |  |  |
|       | ■ No   | Debts to pension or profit-sharin                             |  |             |  |  |
|       | ☐ Yes  | Other, Specify Credit Card                                    |  |             |  |  |

| Debto    | Shaina Helene Tackett                           |  | Case number (if known)                        |             |
|----------|---|--|---|-------------|
| 4.1      |   |  | 5551/   | 444 545 00  |
| 4        | Nebraska Furniture Mart                         | Last 4 digits of account number                            | 5REV  | \$11,545.00 |
|          | Nonpriority Creditor's Name Attn: Bankruptcy    |  | Opened 03/23 Last Active                      |             |
|          | Po Box 2335                                     | When was the debt incurred?                                | 9/02/24                                       |             |
|          | Omaha, NE 68103                                 | _  |   |             |
|          | Number Street City State Zip Code               | As of the date you file, the claim                         | s: Check all that apply                       |             |
|          | Who incurred the debt? Check one.               |  |   |             |
|          | ■ Debtor 1 only                                 | ☐ Contingent   |   |             |
|          | ☐ Debtor 2 only                                 | ☐ Unliquidated   |   |             |
|          | ☐ Debtor 1 and Debtor 2 only                    | ☐ Disputed   |   |             |
|          | ☐ At least one of the debtors and another       | Type of NONPRIORITY unsecured                              | d claim:                                      |             |
|          | ☐ Check if this claim is for a community        | ☐ Student loans  |   |             |
|          | debt Is the claim subject to offset?            | Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not  |             |
|          | ■ No  | Debts to pension or profit-sharin                          | g plans, and other similar debts              |             |
|          | Yes   |  |   |             |
|          | ☐ Yes   | Other. Specify Charge Acc                                  | count   |             |
| 4.1      | OUNDIOFODED                                     |  | WWW   | 405.00      |
| 5        | SUNRISECRED                                     | Last 4 digits of account number                            | XXXX  | \$95.00     |
|          | Nonpriority Creditor's Name Attn: Bankruptcy    | When was the debt incurred?                                | Oct 7, 2024                                   |             |
|          | 260 AIRPORT PLAZA                               | mion was the dest mounted.                                 | 0017, 2024                                    |             |
|          | Farmingdale, NY 11735                           |  |   |             |
|          | Number Street City State Zip Code               | As of the date you file, the claim                         | s: Check all that apply                       |             |
|          | Who incurred the debt? Check one.               |  |   |             |
|          | ■ Debtor 1 only                                 | ☐ Contingent   |   |             |
|          | ☐ Debtor 2 only                                 | ☐ Unliquidated   |   |             |
|          | ☐ Debtor 1 and Debtor 2 only                    | ☐ Disputed   |   |             |
|          | ☐ At least one of the debtors and another       | Type of NONPRIORITY unsecured                              | d claim:                                      |             |
|          | ☐ Check if this claim is for a community        | ☐ Student loans  |   |             |
|          | debt Is the claim subject to offset?            | Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not  |             |
|          | ■ No  | Debts to pension or profit-sharing                         | g plans, and other similar debts              |             |
|          | ☐ Yes   | ■ Other. Specify Original Cr                               | editor AT T MOBILITY                          |             |
|          |   |  |   |             |
| 4.1<br>6 | USAA Federal Savings Bank                       | Last 4 digits of account number                            | 2337  | \$13,330.00 |
|          | Nonpriority Creditor's Name                     | _  |   |             |
|          | Attn: Bankruptcy                                | When was the debt incurred?                                | May 11, 2015                                  |             |
|          | 9800 Fredericksburg Rd<br>San Antonio, TX 78288 |  |   |             |
|          | Number Street City State Zip Code               | As of the date you file, the claim i                       | s: Check all that apply                       |             |
|          | Who incurred the debt? Check one.               |  |   |             |
|          | ■ Debtor 1 only                                 | ☐ Contingent   |   |             |
|          | Debtor 2 only                                   | ☐ Unliquidated   |   |             |
|          | Debtor 1 and Debtor 2 only                      | ☐ Disputed   |   |             |
|          | At least one of the debtors and another         | Type of NONPRIORITY unsecured                              | d claim:                                      |             |
|          |   | Student loans  |   |             |
|          | ☐ Check if this claim is for a community debt   |  | ration agreement or divorce that you did not  |             |
|          | Is the claim subject to offset?                 | report as priority claims                                  | ilation agreement of divorce that you did not |             |
|          | ■ No  | Debts to pension or profit-sharing                         | g plans, and other similar debts              |             |
|          | Yes   | ■ Other Specify Credit Card                                | 1   |             |
|          | · - •   | - Onen Specify C. Car. Car.                                | -   |             |

| Active Bankruptcy 9800 Fredericksburg Road San Antrollo, TX 78288 Number Street City State Zip Code Who incurred the debt? Check one.    Debtor 1 and Debtor 2 only   Debtor 1 and Debtor 2 only   Debtor 1 debtor 1 debtor 3 only   Debtor 1 debtor 1 debtor 3 only   Debtor 3 only   Debtor 4 debtor 3 only   Debtor 4 debtor 3 only   Debtor 4 debtor 3 only   Debtor 5 debtor 4 debtor 3 only   Debtor 5 debtor 4 debtor 5 debtor 6 debtor 6 debtor 6 debtor 6 debtor 6 debtor 8  | Debtor 1  | Shaina Helene Tackett   |  | Case number (if known)       |  |                        |
|--|---|---|--|------------------------------|--|------------------------|
| Nonporely Creditor's Name Att: Barkruptcy 3800 Fredericksburg Road San Antrolo, 17, 79288 Number Street Cry State Zy Carde Who incurred the debt? Check one.    Debtor 1 and Debtor 2 only   At least one of the debtors and another   | 4.1<br>7 US   | SAA Federal Savings Bank  | Last 4 digits of account number  | 7051                         |  | \$6,894.00             |
| Number Street City State 2 Code Who incurred the debt? Check one.  Debtor 1 only Debtor 1 only Debtor 1 and Debtor 2 only Debtor 1 only Debtor 1 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 1 only Debtor 1 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 2 only Debtor 2 only Debtor 2 only Debtor 2 only Debtor 3 only Debtor 2 only Debtor 2 only Debtor 3 only Debtor 2 only Debtor 1 only Debtor 2 only Debtor 2 only Debtor 2 only Debtor 3 only Debtor 2 only Debtor 3 only Debtor 1 only Debtor 2 only Debtor 3 only Debtor 2 only Debtor 3 only Debtor 4 only Debtor 5 only Debtor 6 only Debtor 7 only Debtor 6 only Debtor 7 only Debtor 8 only Deb | No<br>At<br>98  | tn: Bankruptcy<br>00 Fredericksburg Road  | When was the debt incurred?  | Mar 12, 2024                 |  |                        |
| Who incurred the debt? Check one.    Debtor 1 and Debtor 2 only  |   |   | As of the date you file, the claim is  | s: Check all that apply      |  |                        |
| Debtor 2 only   Debtor 1 and Debtor 2 only   Disputed  | Wh  | no incurred the debt? Check one.  | -  |                              |  |                        |
| Debtor 1 and Debtor 2 only   |   | Debtor 1 only   | ☐ Contingent   |                              |  |                        |
| At least one of the debtors and another   Check if this claim is for a community debt   Student loans   Check if this claim subject to offset?   Check if this claim is for a community debt   Check if this claim subject to offset?   Check if this claim subject to offset?   Check if this claim subject to offset?   Check if this claim is for a community   Check if this claim is for a community debt   Check if this claim is to a community debt   Check if this claim is to a community debt   Check if this claim is to a community debt   Check if this claim is to a community debt   Check if this claim is to a community debt   Check if this claim is to a community debt   Check if this claim is to a community debt   Check if this claim is to a community debt   Check if this claim is to a community debt   Check if this claim is to a community debt   Check if this claim is to a community debt   Check if this claim is to a community debt   Check if this claim is to a community debt   Check if this claim is for a community debt   Check if this claim is for a community debt   Check if this claim is to a community debt   Check if this claim is to a community debt   Check if this claim is to a community debt   Check if this claim is to a community debt   Check if this claim is for a community debt   Check if this claim is for a community debt   Check if this claim is for a community debt   Check if this claim is for a community debt   Check if this claim is for a community debt   Check if this claim is to a community debt   Check if this claim is for a community debt   Check if this claim is for a community debt   Check if this claim is for a community debt   Check if this claim is for a community debt   Check if this claim is for a community   Check if this claim is to a claim claim   Check if this claim is for a community   Check if this claim is for a community   Check if this claim is to a check if this claim is check if this claim is for a check if this claim is for a check if this claim is for a check if this claim is f   |   | Debtor 2 only   | ☐ Unliquidated   |                              |  |                        |
| Check if this claim is for a community debt   Check if this claim is for a community debt   Check if this claim subject to offset?   Check if this claim subject to offset?   Check if this claim subject to offset?   Check if this claim is for a community debt   Check if this claim is for a commun   |   | Debtor 1 and Debtor 2 only  | ☐ Disputed   |                              |  |                        |
| Check if this claim is ubject to offset?   Continuency   |   | At least one of the debtors and another   | Type of NONPRIORITY unsecured  | claim:                       |  |                        |
| Is the claim subject to offset?  No    Debts to pension or profit-sharing plans, and other similar debts   |   | Check if this claim is for a community  | ☐ Student loans  |                              |  |                        |
| Utility Selfreported Attr: Bankruptcy Po Box 4500 Allen, TX 75013 Number Street (ity State Zip Code Who incurred the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only Last 4 deats one of the debtors and another Check iff this claim is for a community debt Is the claim subject to offset? Debtor 1 only Debtor 3 only Debtor 3 only Debtor 3 only Debtor 3 only Debtor 4 only Debtor 3 only Debtor 4 only Debtor 5 only Debtor 5 only Debtor 6 only Debtor 1 only Debtor 1 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 2 only Debtor 3 only Debtor 3 only Debtor 4 only Debtor 5 only Debtor 5 only Debtor 6 only Debtor 1 only Debtor 6 only Debtor 7 only Debtor 8 only Debtor 9 only Debtor 9 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 2 only Debtor 3 only Debtor 4 only Debtor 5 only Debtor 5 only Debtor 6 only Debtor 6 only Debtor 7 only Debtor 7 only Debtor 8 only Debtor 9 only Debtor 9 only Debtor 9 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 2 only Debtor 1 only |   |   |  | ration agreement or divorce  | e that you did not                             |                        |
| Mility Selfreported  |   | No  | ☐ Debts to pension or profit-sharing   | g plans, and other similar o | debts  |                        |
| Nonpriority Creditor's Name Attn: Bankruptcy Po Box 4500 Allen, TX 75013 Number Street City State Zip Code Who incurred the debt? Check one.    Debtor 1 only  |   |   | Other. Specify Unsecured   |                              |  |                        |
| Nonpriority Creditor's Name Attn: Bankruptcy Po Box 4500 Allen, TX 75013 Number Street City State Zip Code Who incurred the debt? Check one.    Contingent   | 4.1 Ut  | ility Selfreported  | Last 4 digits of account number  | EF70                         |  | \$74.00                |
| Allen, TX 75013 Number Street City State Zip Code Who incurred the debt? Check one.    Debtor 1 only   | No  | npriority Creditor's Name   | -  |                              |  | Ψ14.00                 |
| Number Street City State Zip Code   Who incurred the debt? Check one.  | Po  | Box 4500  |  |                              | <u>· · ·                                  </u> |                        |
| Debtor 1 only Debtor 2 only Debtor 2 only Debtor 1 and Debtor 2 only Disputed Type of NONPRIORITY unsecured claim: Check if this claim is for a community debt Is the claim subject to offset? No Debts to pension or profit-sharing plans, and other similar debts Yes Other. Specify Agriculture Card/Trieagleenergy  Part 3: List Others to Be Notified About a Debt That You Already Listed 5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection age is trying to collect from you for a debt you were to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if y have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.  Part 4: Add the Amounts for Each Type of Unsecured Claim 6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for extraped claim.  Form Part 1  6b. Taxes and certain other debts you owe the government 6c. Claims for death or personal injury while you were intoxicated 6c. Claims for death or personal injury while you were intoxicated 6c. Total Priority. Add lines 6a through 6d.   | Nu  | mber Street City State Zip Code   | As of the date you file, the claim is  | s: Check all that apply      |  |                        |
| Debtor 2 only Debtor 1 and Debtor 2 only Disputed Type of NONPRIORITY unsecured claim: Check if this claim is for a community debt Is the claim subject to offset? No Debtor 3 priority claims Debtor 4 priority claims Debtor 5 per incident and other similar debts Debtor 5 per incident and other similar debts Debtor 6 per incident and other similar debtor report as priority claims Debtor 6 per incident and other similar debtor per incident and other similar debtor report as priority claims Debtor 7 per incident and other similar debtor per incident and other similar plans, and other similar debtor per incident and other similar debtor per incident and other similar plans, and other similar debtor per incident and other similar debtor per incident and other similar plans, and other similar debtor per incident and other similar plans, and other similar debtor per incident and other similar plans, and other similar debtor per incident and other similar debtor per incident and other similar plans, and other similar debtor per similar plans, and other similar debtor plans, and other similar debtor plans, and other similar plans, and other simi | _   |   | □ Contingent   |                              |  |                        |
| Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset?  No Debts to pension or profit-sharing plans, and other similar debts Other. Specify Agriculture Card/Trieagleenergy  Part 3: List Others to Be Notified About a Debt That You Already Listed S. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection ag is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if y have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.  Part 4: Add the Amounts for Each Type of Unsecured Claim 6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only, 28 U.S.C. §159. Add the amounts for extype of unsecured claims.  Total Claim 6a. Domestic support obligations 6b. Taxes and certain other debts you owe the government 6c. Claims for death or personal injury while you were intoxicated 6c. \$ 0.00 6d. Other. Add all other priority unsecured claims. Write that amount here. 6c. Total Priority. Add lines 6a through 6d. 6c. Total Priority. Add lines 6a through 6d. 6c. Total Priority. Add lines 6a through 6d.  | _   | ·   | _  |                              |  |                        |
| At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset?    Obligations arising out of a separation agreement or divorce that you did not report as priority claims   No  |   | •   | _ '  |                              |  |                        |
| Check if this claim is for a community debt Is the claim subject to offset?    Obligations arising out of a separation agreement or divorce that you did not report as priority claims   No  | _   | ·   | •  | claim:                       |  |                        |
| Obligations arising out of a separation agreement or divorce that you did not report as priority claims   Debts to pension or profit-sharing plans, and other similar debts   Other. Specify   Agriculture Card/Trieagleenergy   |   |   | ☐ Student loans  |                              |  |                        |
| Part 3: List Others to Be Notified About a Debt That You Already Listed  5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection age is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if y have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.  Part 4: Add the Amounts for Each Type of Unsecured Claim  6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for extype of unsecured claim.  Total claims  from Part 1  6a. Domestic support obligations  6a. Domestic support obligations  6b. Taxes and certain other debts you owe the government  6c. Claims for death or personal injury while you were intoxicated  6c. \$ 0.00  6d. Other. Add all other priority unsecured claims. Write that amount here.  6e. Total Priority. Add lines 6a through 6d.  6e. Total Priority. Add lines 6a through 6d.   | del   | bt  |  | ration agreement or divorce  | e that you did not                             |                        |
| Part 3: List Others to Be Notified About a Debt That You Already Listed  5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection age is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if y have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.  Part 4: Add the Amounts for Each Type of Unsecured Claim  6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for extype of unsecured claim.  Total claim  6a. Domestic support obligations  6a. \$ 0.00  6b. Taxes and certain other debts you owe the government  6c. Claims for death or personal injury while you were intoxicated  6c. \$ 0.00  6d. Other. Add all other priority unsecured claims. Write that amount here.  6e. Total Priority. Add lines 6a through 6d.  6e. Total Priority. Add lines 6a through 6d.  |   | No  | ☐ Debts to pension or profit-sharing   | g plans, and other similar o | debts  |                        |
| 5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection ag is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if y have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.  Part 4: Add the Amounts for Each Type of Unsecured Claim  6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.  Total Claim  6a. Domestic support obligations  6a. \$  |   | Yes   | Other. Specify Agriculture   | Card/Trieagleenerg           | Jy   |                        |
| 5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection ag is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if y have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.  Part 4: Add the Amounts for Each Type of Unsecured Claim  6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.  Total Claim  6a. Domestic support obligations  6a. \$  | Part 3:   | List Others to Be Notified About a Debt T   | hat You Already Listed   |                              |  |                        |
| 6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.  Total claims from Part 1  6b. Taxes and certain other debts you owe the government 6c. Claims for death or personal injury while you were intoxicated 6d. Other. Add all other priority unsecured claims. Write that amount here.  6e. Total Priority. Add lines 6a through 6d.  6e. \$ 0.00  \$ 0.00   | 5. Use this p<br>is trying t<br>have mor<br>notified fo | page only if you have others to be notified about to collect from you for a debt you owe to somed than one creditor for any of the debts that your any debts in Parts 1 or 2, do not fill out or su | t your bankruptcy, for a debt that yone else, list the original creditor in u listed in Parts 1 or 2, list the addit bmit this page. | Parts 1 or 2, then list the  | collection agency he                           | ere. Similarly, if you |
| type of unsecured claim.  Total Claim  6a. Domestic support obligations  6a. \$ 0.00  Total claims from Part 1 6b. Taxes and certain other debts you owe the government 6b. \$ 0.00  6c. Claims for death or personal injury while you were intoxicated 6c. \$ 0.00  6d. Other. Add all other priority unsecured claims. Write that amount here. 6d. \$ 0.00  6e. Total Priority. Add lines 6a through 6d. 6e. \$ 0.00   |   |   |  | marting nurnaces only 2      | 2011 5 C 5150 Add 41                           | as amounts for each    |
| Total claims from Part 1 6b. Taxes and certain other debts you owe the government 6c. Claims for death or personal injury while you were intoxicated 6d. Other. Add all other priority unsecured claims. Write that amount here. 6e. Total Priority. Add lines 6a through 6d. 6f. \$ 0.00  |   |   | This information is for statistical re   |                              | -  | ie amounts for each    |
| Total claims from Part 1  6b. Taxes and certain other debts you owe the government 6c. Claims for death or personal injury while you were intoxicated 6d. Other. Add all other priority unsecured claims. Write that amount here.  6e. Total Priority. Add lines 6a through 6d.  6e. \$ 0.00  0.00   |   | 6a Domestic support obligations   |  |                              |  |                        |
| 6c. Claims for death or personal injury while you were intoxicated 6c. \$ 0.00  6d. Other. Add all other priority unsecured claims. Write that amount here. 6d. \$ 0.00  6e. Total Priority. Add lines 6a through 6d. 6e. \$ 0.00  |   | oa. Domostic Support Obligations  |  | оа.                          | 0.00   |                        |
| 6d. Other. Add all other priority unsecured claims. Write that amount here.  6d. \$ 0.00  6e. Total Priority. Add lines 6a through 6d.  6e. \$ 0.00  | from Part 1   | · ·   | <u>=</u>   | · <u> </u>                   |  |                        |
| 6e. Total Priority. Add lines 6a through 6d. 6e. \$  |   |   |  | · —                          |  |                        |
| <u> </u>   |   | ou. Other. Add all other priority unsecul   | eu daims. While that amount nere.  | ou. \$                       | <u> </u>                                       | ¬                      |
|  |   | 6e. <b>Total Priority.</b> Add lines 6a through   | 6d.  | 6e. \$                       | 0.00   |                        |
| Total Claim  6f. Student loans  6f. \$ 5,935.00    Total claims  |   | 6f. Student loans   |  |                              |  |                        |

# Debtor 1 Shaina Helene Tackett

## Case number (if known)

| from Part 2 | 6g. | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | 6g. | \$<br>0.00       |
|-------------|-----|---|-----|------------------|
|             | 6h. | Debts to pension or profit-sharing plans, and other similar debts                                       | 6h. | \$<br>0.00       |
|             | 6i. | <b>Other.</b> Add all other nonpriority unsecured claims. Write that amount here.                       | 6i. | \$<br>209,829.00 |
|             | 6j. | Total Nonpriority. Add lines 6f through 6i.   | 6j. | \$<br>215,764.00 |

| Fill in this infor   | Fill in this information to identify your case: |             |           |  |                                      |  |  |  |  |
|--|---|-------------|-----------|--|--------------------------------------|--|--|--|--|
| Debtor 1   | Shaina Helene Ta                                | ckett       |           |  |                                      |  |  |  |  |
|  | First Name                                      | Middle Name | Last Name |  |                                      |  |  |  |  |
| Debtor 2   |   |             |           |  |                                      |  |  |  |  |
| (Spouse if, filing)  | First Name                                      | Middle Name | Last Name |  |                                      |  |  |  |  |
| United States Bankruptcy Court for the: NORTHERN DISTRICT OF TEXAS |   |             |           |  |                                      |  |  |  |  |
| Case number (if known)   |   |             |           |  | ☐ Check if this is an amended filing |  |  |  |  |

# Official Form 106G

# **Schedule G: Executory Contracts and Unexpired Leases**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
  - □ No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
  - Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

Person or company with whom you have the contract or lease Name, Number, Street, City, State and ZIP Code

State what the contract or lease is for

Villas of Vista Ridge 4108 Mitchell Court Sachse, TX 75048 **Residential Lease Agreement** 

| Fill in thi   | s information to ident   | ify your case:   |   |  |   |   |
|---|--|--|---|--|---|---|
| Debtor 1  | Shaina He  | elene Tackett  |   |  |   |   |
| D.1.  | First Name   | Middl  | e Name  | Last Name  |   |   |
| Debtor 2<br>(Spouse if, fi  | iling) First Name  | Middl  | e Name  | Last Name  |   |   |
| United St   | ates Bankruptcy Court  | for the: NORTHE  | RN DISTRICT O   | F TEXAS  |   |   |
| 0   |  |  |   |  |   |   |
| Case nun  | nber   |  |   |  |   | ☐ Check if this is an amended filing  |
| Officia   | al Form 106H   |  |   |  |   |   |
|   | dule H: Your   |  | :   |  |   | 12/15   |
| people ar<br>fill it out,<br>your nam<br>1. Do<br>■ No<br>□ Ye<br>2. Wi | e filing together, both and number the entrice and case number (if by you have any codebtes) | are equally responses in the boxes on to known). Answer etors? (If you are filing the properties of th | sible for supply<br>he left. Attach the<br>very question.  g a joint case, do  community prop | ng correct information Additional Page not list either spous | ation. If more space is to this page. On the to | rate as possible. If two married needed, copy the Additional Page, op of any Additional Pages, write  |
| Пм  | o. Go to line 3.   |  |   |  |   |   |
|   | o. Go to line 3.<br>es. Did your spouse, for   | mer spouse, or legal   | equivalent live w   | vith you at the time?  |   |   |
|   | .e. 2.a year epeace, .e.   | e. epodoo, e. legal  | 040.10.11.110   | ,  |   |   |
|   | □ No   |  |   |  |   |   |
|   | Yes.   |  |   |  |   |   |
|   | In which commu<br>Dennis Van C<br>1004 Michael<br>Bedford, TX 7                              | Sean Court   | did you live?   | Texas  | Debtor's  | and current address of that person. former husband, whom she in July 2023.  |
|   | Name of your spouse<br>Number, Street, City,   | e, former spouse, or legal e   | quivalent   |  |   |   |
| in lin<br>Form  | olumn 1, list all of you<br>le 2 again as a codebt   | r codebtors. Do not<br>or only if that perso<br>(Official Form 106   | on is a guaranto  | r or cosigner. Make  | e sure you have listed<br>106G). Use Schedule D | ng with you. List the person shown<br>the creditor on Schedule D (Official<br>, Schedule E/F, or Schedule G to fill<br>reditor to whom you owe the debt |
|   | Name, Number, Street, City, S  |  |   |  | Check all schedu                                | •   |
| 3.1   |  |  |   |  | ☐ Schedule D, li                                | ne  |
|   | Name   |  |   |  | ☐ Schedule E/F,                                 |   |
|   |  |  |   |  |   |   |
|   |  |  |   |  | ☐ Schedule G, li                                |   |
|   | Number Street<br>City  | State  |   | ZIP Code   |   |   |
| 3.2   |  | State  |   | ZIP Code   |   | ne ne line  |

| Fill               | in this information to identify your   | case:   |   |                     |                | 1                  |                        |                         |                                   |                 |
|--------------------|--|---|---|---------------------|----------------|--------------------|------------------------|-------------------------|-----------------------------------|-----------------|
|                    |  | ene Tackett   |   |                     |                |                    |                        |                         |                                   |                 |
|                    | otor 2  puse, if filing)   |   |   |                     | _              |                    |                        |                         |                                   |                 |
| Uni                | ted States Bankruptcy Court for th   | e: NORTHERN DISTRI  | CT OF TEXAS   |                     |                |                    |                        |                         |                                   |                 |
|                    | se number<br>lown)   |   | -   |                     |                | ☐ Ar               |                        | ent showir              | ng postpetition<br>ollowing date: | •               |
| 0                  | fficial Form 106I  |   |   |                     |                | M                  | M / DD/ Y              | YYY                     |                                   |                 |
| S                  | chedule I: Your Inc  | ome   |   |                     |                |                    |                        |                         |                                   | 12/15           |
| sup<br>spo<br>atta | as complete and accurate as posplying correct information. If you use. If you are separated and you have a separate sheet to this form.  Describe Employment | u are married and not fili<br>ur spouse is not filing w<br>. On the top of any additi | ng jointly, and your ith you, do not inclu          | spouse<br>ide infor | is liv<br>mati | ing with yon about | you, inclu<br>your spo | ude infori<br>use. If m | mation about<br>ore space is      | your<br>needed, |
| 1.                 | Fill in your employment information.   |   | Debtor 1  |                     |                |                    | Debtor 2               | or non-f                | iling spouse                      |                 |
|                    | If you have more than one job, attach a separate page with information about additional  | Employment status   | <ul><li>■ Employed</li><li>□ Not employed</li></ul> |                     |                |                    | ☐ Emplo                |                         |                                   |                 |
|                    | employers.   | Occupation  | Teacher   |                     |                |                    |                        |                         |                                   |                 |
|                    | Include part-time, seasonal, or self-employed work.  | Employer's name   | Coppell ISD   |                     |                |                    |                        |                         |                                   |                 |
|                    | Occupation may include student or homemaker, if it applies.  | Employer's address  | 200 S Denton T<br>Coppell, TX 750                   |                     |                |                    |                        |                         |                                   |                 |
|                    |  | How long employed t   | here? 6 years                                       | 5                   |                |                    |                        |                         |                                   |                 |
| Par                | t 2: Give Details About Mo   | onthly Income   |   |                     |                |                    |                        |                         |                                   |                 |
|                    | mate monthly income as of the cuse unless you are separated.   | date you file this form. If   | you have nothing to r                               | report for          | any            | line, write        | \$0 in the             | space. In               | clude your no                     | n-filing        |
|                    | u or your non-filing spouse have me space, attach a separate sheet to  |   | ombine the information                              | on for all          | empl           | oyers for t        | hat perso              | n on the I              | ines below. If                    | you need        |
|                    |  |   |   |                     |                | For Deb            | tor 1                  |                         | btor 2 or<br>ing spouse           |                 |
| 2.                 | List monthly gross wages, saldeductions). If not paid monthly,   |   |   | 2.                  | \$             | 5,                 | 892.92                 | \$                      | N/A                               |                 |
| 3.                 | Estimate and list monthly over   | time pay.   |   | 3.                  | +\$            |                    | 0.00                   | +\$                     | N/A                               |                 |
| 4.                 | Calculate gross Income. Add I  | ine 2 + line 3.   |   | 4.                  | \$             | 5,89               | 2.92                   | \$                      | N/A                               |                 |

| Deb | tor 1                                  | Shaina Helene Tackett  | _                 | Case                 | number ( <i>if known</i> )               |                |                                 |
|-----|--|--|-------------------|----------------------|--|----------------|---------------------------------|
|     |  |  |                   | For                  | Debtor 1                                 |                | Debtor 2 or<br>-filing spouse   |
|     | Cop                                    | y line 4 here  | 4.                | \$                   | 5,892.92                                 | \$             | N/A                             |
| 5.  | List                                   | all payroll deductions:  |                   |                      |  |                |                                 |
|     | 5a.                                    | Tax, Medicare, and Social Security deductions  | 5a.               | \$                   | 492.88                                   | \$             | N/A                             |
|     | 5b.                                    | Mandatory contributions for retirement plans   | 5b.               | \$_                  | 511.59                                   | \$_            | N/A                             |
|     | 5c.                                    | Voluntary contributions for retirement plans   | 5c.               | \$_                  | 0.00                                     | \$_            | N/A                             |
|     | 5d.                                    | Required repayments of retirement fund loans   | 5d.               | \$_                  | 0.00                                     | \$_            | N/A                             |
|     | 5e.                                    | Insurance  | 5e.               | \$_                  | 636.95                                   | \$_            | N/A                             |
|     | 5f.                                    | Domestic support obligations   | 5f.               | \$_                  | 0.00                                     | \$_            | N/A                             |
|     | 5g.                                    | Union dues   | 5g.               | \$_                  | 0.00                                     | \$_            | N/A                             |
|     | 5h.                                    | Other deductions. Specify:   | 5h.+              |                      | 0.00                                     | · —            | N/A                             |
| 6.  | Add                                    | the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.   | 6.                | \$                   | 1,641.42                                 | \$             | N/A                             |
| 7.  | Calc                                   | ulate total monthly take-home pay. Subtract line 6 from line 4.  | 7.                | \$                   | 4,251.50                                 | \$             | N/A                             |
| 8.  | 8a.<br>8b.<br>8c.<br>8d.<br>8e.<br>8f. | all other income regularly received:  Net income from rental property and from operating a business, profession, or farm  Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.  Interest and dividends  Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.  Unemployment compensation  Social Security  Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. | 8c.<br>8d.<br>8e. | \$<br>\$ \$<br>\$ \$ | 0.00<br>0.00<br>1,100.00<br>0.00<br>0.00 | \$<br>\$<br>\$ | N/A<br>N/A<br>N/A<br>N/A<br>N/A |
|     |  | Specify:   | 8f.               | \$                   | 0.00                                     | \$             | N/A                             |
|     | 8g.                                    | Pension or retirement income   | 8g.               | \$                   | 0.00                                     | \$             | N/A                             |
|     | 8h.                                    | Other monthly income. Specify:   | 8h.+              | \$                   | 0.00                                     | + \$           | N/A                             |
| 9.  | Add                                    | all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.   | 9.                | \$                   | 1,100.00                                 | \$             | N/A                             |
| 10. |  | ulate monthly income. Add line 7 + line 9. the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.  | 10. \$            |                      | 5,351.50 + \$                            |                | N/A = \$ 5,351.50               |
| 11. | Inclu<br>othe                          | e all other regular contributions to the expenses that you list in <i>Schedule</i> de contributions from an unmarried partner, members of your household, your friends or relatives.  of include any amounts already included in lines 2-10 or amounts that are not  | r depend          |                      |  | •              | Schedule J.                     |

12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies

| 12. | \$<br>5,351.50              |
|-----|-----------------------------|
|     | <br>mbined<br>onthly income |

0.00

13. Do you expect an increase or decrease within the year after you file this form?

| No.           |  |
|---------------|--|
| Yes. Explain: |  |

| Fill      | in this information to identify your case:  |  |                            |   |   |
|-----------|---|--|----------------------------|---|---|
| Deb       | otor 1 Shaina Helene Tackett  |  | Chec                       | k if this is:                             |   |
|           |   |  |                            | An amended filing                         |   |
|           | ouse, if filing)  |  |                            | A supplement show<br>13 expenses as of t  | ring postpetition chapter the following date: |
|           |   |  | _                          | •   |   |
| Unit      | ed States Bankruptcy Court for the: NORTHERN DISTRICT OF TEXA   | <u>S</u>                                     | ſ                          | MM / DD / YYYY                            |   |
| l         | e number<br>nown)   |  |                            |   |   |
|           | fficial Form 106J   | ·  |                            |   |   |
|           | chedule J: Your Expenses  |  |                            |   | 12/15   |
| info      | as complete and accurate as possible. If two married people are<br>ormation. If more space is needed, attach another sheet to this f<br>mber (if known). Answer every question. | e filing together, bo<br>form. On the top of | th are equa<br>any additio | Illy responsible fo<br>nal pages, write y | r supplying correct<br>our name and case      |
| Par<br>1. | t 1: Describe Your Household Is this a joint case?  |  |                            |   |   |
| ••        | ■ No. Go to line 2.   |  |                            |   |   |
|           | ☐ Yes. Does Debtor 2 live in a separate household?  |  |                            |   |   |
|           | ☐ No☐ Yes. Debtor 2 must file Official Form 106J-2, <i>Expenses</i>   | for Separate Housel                          | nold of Debt               | or 2.                                     |   |
| 2.        | Do you have dependents? ☐ No  |  |                            |   |   |
|           | Do not list Debtor 1 and Debtor 2.  Fill out this information for each dependent  | Dependent's relation Debtor 1 or Debtor      |                            | Dependent's age                           | Does dependent live with you?                 |
|           | Do not state the  |  |                            |   | □ No  |
|           | dependents names.   | Daughter                                     |                            | 8   | Yes   |
|           |   |  |                            |   | □ No  |
|           |   |  |                            |   | ☐ Yes   |
|           |   |  |                            |   | □ No<br>□ Yes                                 |
|           |   |  |                            |   | ☐ Yes   |
|           |   |  |                            |   | ☐ Yes   |
| 3.        | Do your expenses include expenses of people other than yourself and your dependents?   ■ No □ Yes   |  |                            |   |   |
| Par       | t 2: Estimate Your Ongoing Monthly Expenses   |  |                            |   |   |
| exp       | imate your expenses as of your bankruptcy filing date unless your expenses as of a date after the bankruptcy is filed. If this is a suppolicable date.                          |  |                            |   |   |
| Incl      | lude expenses paid for with non-cash government assistance if   | you know                                     |                            |   |   |
|           | value of such assistance and have included it on Schedule I: Yelicial Form 106I.)   | our income                                   |                            | Your expe                                 | enses   |
| 4.        | The rental or home ownership expenses for your residence. In payments and any rent for the ground or lot.   | nclude first mortgage                        | 4. \$                      |   | 1,100.00                                      |
|           | If not included in line 4:  |  |                            |   |   |
|           | 4a. Real estate taxes   |  | 4a. \$                     |   | 0.00  |
|           | 4b. Property, homeowner's, or renter's insurance  |  | 4b. \$                     |   | 22.00   |
|           | 4c. Home maintenance, repair, and upkeep expenses   |  | 4c. \$                     |   | 0.00  |
| 5.        | 4d. Homeowner's association or condominium dues   | mo oquity loose                              | 4d. \$<br>5. \$            |   | 0.00  |
| J.        | Additional mortgage payments for your residence, such as hor  | ne equity loans                              | э. ֆ                       |   | 0.00  |

| Deb | otor 1 Shaina I   | Helene Tackett   | Case num     | ber (if known) |                              |
|-----|-------------------|--|--------------|----------------|------------------------------|
| 6.  | Utilities:        |  |              |                |                              |
| ٥.  |                   | r, heat, natural gas   | 6a.          | \$             | 360.00                       |
|     | •                 | ewer, garbage collection   | 6b.          | \$             | 110.00                       |
|     | 6c. Telephon      | e, cell phone, Internet, satellite, and cable services   | 6c.          | \$             | 50.00                        |
|     | 6d. Other. Sp     | pecify: Hulu/Disney TV/Netflix   | 6d.          | \$             | 40.00                        |
|     |                   | lusic/Storage  |              | \$             | 20.00                        |
| 7.  |                   | sekeeping supplies   |              | \$             | 850.00                       |
| 8.  |                   | children's education costs   | 8.           | \$             | 130.00                       |
| 9.  |                   | dry, and dry cleaning  | 9.           | · -            | 150.00                       |
| 10. | •                 | products and services  | 10.          | \$             | 90.00                        |
| 11. |                   | •  | 11.          | \$             | 75.00                        |
| 12. |                   | Include gas, maintenance, bus or train fare.   |              | · —            |                              |
|     | Do not include of |  | 12.          | \$             | 510.00                       |
| 13. | Entertainment,    | clubs, recreation, newspapers, magazines, and books  | 13.          | \$             | 120.00                       |
| 14. | Charitable con    | tributions and religious donations   | 14.          | \$             | 20.00                        |
| 15. | Insurance.        |  |              |                |                              |
|     |                   | nsurance deducted from your pay or included in lines 4 or 20.  |              | _              | _                            |
|     | 15a. Life insura  |  | 15a.         |                | 45.00                        |
|     | 15b. Health ins   |  | 15b.         | · -            | 0.00                         |
|     | 15c. Vehicle in   |  | 15c.         |                | 255.00                       |
|     | 15d. Other insu   | · · ·  | 15d.         | \$             | 0.00                         |
| 16. |                   | nclude taxes deducted from your pay or included in lines 4 or 20.  | 4.0          | •              |                              |
|     |                   | me taxes (prorated)  | 16.          | \$             | 167.67                       |
| 17. |                   | lease payments:  | 170          | ¢.             | 507.00                       |
|     |                   | nents for Vehicle 1  | 17a.         |                | 537.00                       |
|     |                   | nents for Vehicle 2  | 17b.         |                | 115.00                       |
|     | 17c. Other. Sp    | ·  | 17c.         | ·              | 0.00                         |
| 40  | 17d. Other. Sp    |  | 17d.         | \$             | 0.00                         |
| 18. |                   | s of alimony, maintenance, and support that you did not report as  |              | \$             | 0.00                         |
| 19  |                   | your pay on line 5, Schedule I, Your Income (Official Form 106I). s you make to support others who do not live with you.   |              | \$             | 0.00                         |
| 15. | Specify:          | s you make to support others who do not live with you.   | 19.          | Ψ              | 0.00                         |
| 20  | . ,               | perty expenses not included in lines 4 or 5 of this form or on Sch   |              | our Income     |                              |
| 20. |                   | s on other property  | 20a.         |                | 0.00                         |
|     | 20b. Real esta    |  | 20b.         | \$             | 0.00                         |
|     |                   | homeowner's, or renter's insurance   | 20c.         | · ·            | 0.00                         |
|     |                   | nce, repair, and upkeep expenses   | 20d.         | ·              | 0.00                         |
|     |                   | ner's association or condominium dues  | 20e.         |                | 0.00                         |
| 21  |                   | Pet Care (food and veterinary)   |              | +\$            | 280.00                       |
| ۷., |                   | and Miscellaneous expenses   |              | +\$            | 100.00                       |
|     | Eyeglasses E      |  |              | +\$            | 19.50                        |
|     | Lyegiasses L      | Expenses   |              | -Ψ             | 19.50                        |
| 22. | Calculate your    | monthly expenses   |              |                |                              |
|     | 22a. Add lines 4  | through 21.  |              | \$             | 5,166.17                     |
|     | 22b. Copy line 2  | 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2  |              | \$             |                              |
|     | 22c. Add line 22  | 2a and 22b. The result is your monthly expenses.   |              | \$             | 5,166.17                     |
|     |                   |  |              |                | 5,10011                      |
| 23. | •                 | monthly net income.  |              | •              |                              |
|     |                   | 12 (your combined monthly income) from Schedule I.   | 23a.         |                | 5,351.50                     |
|     | 23b. Copy you     | r monthly expenses from line 22c above.  | 23b.         | -\$            | 5,166.17                     |
|     | 00-0-1-1          | and the same of th |              |                |                              |
|     |                   | your monthly expenses from your monthly income.  | 23c.         | \$             | 185.33                       |
|     | rne resul         | t is your monthly net income.  | 200.         |                | - 35.55                      |
| 24. | Do you expect     | an increase or decrease in your expenses within the year after y   | ou file this | s form?        |                              |
|     |                   | ou expect to finish paying for your car loan within the year or do you expect you  |              |                | ase or decrease because of a |
|     |                   | e terms of your mortgage?  | '            |                |                              |
|     | ■ No.             |  |              |                |                              |
|     | ☐ Yes.            | Explain here:  |              |                |                              |
|     |                   |  |              |                |                              |

| Fill in this infor              | rmation to identify your   | case:                   |                 |                    |                     |  |
|---------------------------------|----------------------------|-------------------------|-----------------|--------------------|---------------------|--|
| Debtor 1                        | Shaina Helene Ta           |                         |                 |                    |                     |  |
|                                 | First Name                 | Middle Name             | La              | st Name            |                     |  |
| Debtor 2                        |                            |                         |                 |                    |                     |  |
| (Spouse if, filing)             | First Name                 | Middle Name             | La              | st Name            |                     |  |
| United States Ba                | ankruptcy Court for the:   | NORTHERN DISTRIC        | CT OF TEXAS     | 3                  |                     |  |
| Case number                     |                            |                         |                 |                    |                     |  |
| (if known)                      |                            |                         |                 |                    |                     | ☐ Check if this is an  |
|                                 |                            |                         |                 |                    |                     | amended filing   |
| You must file th obtaining mone |                            | le bankruptcy schedul   | es or amend     | ed schedules. Mai  | king a false state  | ement, concealing property, or<br>00, or imprisonment for up to 20 |
| Sig                             | gn Below                   |                         |                 |                    |                     |  |
| Did you pa                      | ay or agree to pay some    | one who is NOT an att   | orney to help   | you fill out bankı | ruptcy forms?       |  |
| ■ No                            |                            |                         |                 |                    |                     |  |
| ☐ Yes.                          | Yes. Name of person        |                         |                 |                    | Attach Ban          | kruptcy Petition Preparer's Notice,                                |
| _                               | '                          |                         |                 |                    |                     | n, and Signature (Official Form 119)                               |
| Under nen                       | alty of perjury, I declare | that I have road the cu | mmary and s     | schodulos filod wi | th this doclaration | on and   |
|                                 | re true and correct.       | mat i mave read the Su  | illiai y alia s | onedules ilied Wi  | an ans deciarati    | on and   |
| X /s/ Sha                       | aina Helene Tackett        |                         | х               |                    |                     |  |
|                                 | a Helene Tackett           |                         |                 | Signature of Deb   | tor 2               |  |
| Signatu                         | ure of Debtor 1            |                         |                 |                    |                     |  |
| Date                            | January 3, 2025            |                         |                 | Date               |                     |  |
| Dale -                          | January 3, 2023            |                         |                 |                    |                     |  |

| Debtor 1  | Shaina Helene Tac  |  |   |  |
|---|--|--|---|--|
|   | First Name   | Middle Name  | Last Name   |  |
| Debtor 2<br>(Spouse if, filing)   | First Name   | Middle Name  | Last Name   |  |
| United States Ba  | nkruptcy Court for the:  | OF TEXAS   |   |  |
| Case number   |  |  |   |  |
| (if known)  |  |  |   | ☐ Check if this is an amended filing                       |
| D#: -: - 1 F -  | 407  |  |   |  |
| Official Fo   |  | fairs for Individ  | luals Filing for Bankrupt   | CV 04/2  |
|   |  |  | re filing together, both are equally response                                 |  |
| nformation. If m  | nore space is needed, att  | ach a separate sheet to t                                | this form. On the top of any additional p                                     |  |
| <u> </u>  | n). Answer every questic   |  |   |  |
| Part 1: Give I  | Details About Your Marita  | al Status and Where You                                  | Lived Before  |  |
| . What is you   | r current marital status?  |  |   |  |
| □ Manustani   |  |  |   |  |
| ☐ Married   |  |  |   |  |
| ■ Not ma  |  |  |   |  |
| ■ Not ma  |  | ed anywhere other than v                                 | where you live now?   |  |
| Not ma  During the I  | rried  | ed anywhere other than v                                 | where you live now?   |  |
| Not ma  | rried<br>ast 3 years, have you live  | •  | where you live now?  ot include where you live now.                           |  |
| Not ma  | rried<br>ast 3 years, have you live  | •  | ·   | Dates Debtor 2<br>lived there                              |
| Not ma  During the I  No Yes. Lis  Debtor 1:  351 State                                     | rried<br>ast 3 years, have you live  | d in the last 3 years. Do no  Dates Debtor 1 lived there | Debtor 2 Prior Address:   |  |
| Not ma  During the I  No Yes. Lis  Debtor 1:  351 State                                     | ast 3 years, have you live<br>at all of the places you live<br>Highway 121 Apt 233<br>g, TX 75067<br>er Lane | Dates Debtor 1 lived there From-To:                      | Debtor 2 Prior Address:  Same as Debtor 1  Same as Debtor 1                   | lived there ☐ Same as Debtor 1                             |
| ■ Not ma  During the I  No ■ Yes. Lis  Debtor 1:  351 State Lewisville  534 Coop Coppell, 1 | ast 3 years, have you live<br>at all of the places you live<br>Highway 121 Apt 233<br>g, TX 75067<br>er Lane | Dates Debtor 1 lived there From-To: 11/2023 - 09/20      | Debtor 2 Prior Address:  Same as Debtor 1  Same as Debtor 1  Same as Debtor 1 | lived there ☐ Same as Debtor 1 From-To: ☐ Same as Debtor 1 |

| Part 2  | 2 Exp        | olain the Sourc                     | es of You   | r Income  |   |  |   |  |  |
|---|--------------|-------------------------------------|-------------|---|---|--|---|--|--|
| F   | ill in the t | total amount of                     | income yo   | nployment or from operatin<br>u received from all jobs and a<br>have income that you receive                              | all businesses, including part-   |  | ndar years?   |  |  |
|   | □ No         |                                     |             |   |   |  |   |  |  |
|   | Yes.         | Fill in the detail                  | lS.         |   |   |  |   |  |  |
|   |              |                                     |             | Debtor 1  |   | Debtor 2                                   |   |  |  |
|   |              |                                     |             | Sources of income<br>Check all that apply.  | Gross income<br>(before deductions and<br>exclusions)                     | Sources of income<br>Check all that apply. | Gross income (before deductions and exclusions)       |  |  |
| For last calendar year:<br>(January 1 to December 31, 2024)             |              | ■ Wages, commissions, bonuses, tips | \$71,189.52 | ☐ Wages, commissions, bonuses, tips   |   |  |   |  |  |
|   |              |                                     |             | ☐ Operating a business  |   | ☐ Operating a business                     |   |  |  |
| For the calendar year before that:<br>(January 1 to December 31, 2023)  |              | ■ Wages, commissions, bonuses, tips | \$62,683.00 | ☐ Wages, commissions, bonuses, tips   |   |  |   |  |  |
|   |              |                                     |             | ☐ Operating a business  |   | ☐ Operating a business                     |   |  |  |
| For the calendar year:<br>(January 1 to December 31, 2022)              |              | ■ Wages, commissions, bonuses, tips | \$57,943.00 |   |   |  |   |  |  |
|   |              |                                     |             | ☐ Operating a business  |   | ☐ Operating a business                     |   |  |  |
|   | ist each s   | ,                                   | gross inco  | e and you have income that y  |   | •  |   |  |  |
|   |              |                                     |             | Debtor 1  |   | Debtor 2                                   |   |  |  |
|   |              |                                     |             | Sources of income<br>Describe below.  | Gross income from<br>each source<br>(before deductions and<br>exclusions) | Sources of income<br>Describe below.       | Gross income<br>(before deductions<br>and exclusions) |  |  |
| From January 1 of current year until the date you filed for bankruptcy: |              | Child support                       | \$576.00    |   |   |  |   |  |  |
|   |              | ıdar year:<br>December 31,          | 2024)       | Child Support   | \$15,000.00   |  |   |  |  |
| Part :  | Re Lies      | t Certain Paym                      | ients Voll  | Made Before You Filed for   | Rankruntov  |  |   |  |  |
|   |              |                                     |             |   |   |  |   |  |  |
| 5. A  | _            | Neither Debt                        | or 1 nor D  | s debts primarily consumer<br>ebtor 2 has primarily consu<br>personal, family, or househo                                 | ımer debts. Consumer debts  | s are defined in 11 U.S.C. § 10            | 01(8) as "incurred by an                              |  |  |
|   |              | •                                   | •           | re you filed for bankruptcy, di   | d you pay any creditor a total  | of \$7,575* or more?                       |   |  |  |
|   |              |                                     | o to line 7 | line 7.  elow each creditor to whom you paid a total of \$7,575* or more in one or more payments and the total amount you |   |  |   |  |  |
|   |              | paid that cre                       |             | editor. Do not include paymer payments to an attorney for the   | nts for domestic support oblig<br>nis bankruptcy case.                    | ations, such as child support              | and alimony. Also, do                                 |  |  |
|   |              | * Subject to a                      | adjustment  | on 4/01/25 and every 3 year   | s after that for cases filed on   | or after the date of adjustmen             | t.  |  |  |

Debtor 1 Shaina Helene Tackett

|     | Yes. Debtor 1 or Debtor 2 or both have During the 90 days before you file.  | •   |   | I of \$600 or more?                      | )                                |  |
|-----|---|---|---|--|----------------------------------|--|
|     | ■ No. Go to line 7.   |   |   |  |                                  |  |
|     |   | or to whom you paid a total<br>domestic support obligations<br>ruptcy case.   |   |  |                                  |  |
|     | Creditor's Name and Address   | Dates of payment  | Total amount paid                           | Amount you still owe                     | Was this pag                     | yment for  |
| 7.  | Within 1 year before you filed for bankrupt <i>Insiders</i> include your relatives; any general pa of which you are an officer, director, person in a business you operate as a sole proprietor. 1 alimony. | artners; relatives of any gene<br>a control, or owner of 20% or   | eral partners; partner more of their voting | rships of which yo<br>securities; and ar | u are a genera<br>ny managing ag | I partner; corporation<br>gent, including one fo |
|     | ■ No  |   |   |  |                                  |  |
|     | ☐ Yes. List all payments to an insider.   |   |   |  |                                  |  |
|     | Insider's Name and Address  | Dates of payment  | Total amount paid                           | Amount you still owe                     | Reason for t                     | this payment                                     |
| 8.  | Within 1 year before you filed for bankrupt   | cy, did you make any payı   | ments or transfer a                         | ny property on a                         | ccount of a de                   | bt that benefited an                             |
|     | <pre>insider? Include payments on debts quaranteed or cos</pre>   | signed by an insider.   |   |  |                                  |  |
|     | _   | 3,  |   |  |                                  |  |
|     | ■ No  |   |   |  |                                  |  |
|     | Yes. List all payments to an insider  |   |   |  |                                  |  |
|     | Insider's Name and Address  | Dates of payment  | Total amount paid                           | Amount you<br>still owe                  | Reason for to                    | t <b>his payment</b><br>tor's name               |
| Par | t 4: Identify Legal Actions, Repossession   | ns, and Foreclosures  |   |  |                                  |  |
| 9.  | Within 1 year before you filed for bankrupt<br>List all such matters, including personal injury<br>modifications, and contract disputes.  |   |   |  |                                  |  |
|     | ■ No  |   |   |  |                                  |  |
|     | ☐ Yes. Fill in the details.   |   |   |  |                                  |  |
|     | Case title Case number  | Nature of the case  | Court or agency                             |  | Status of the                    | e case   |
| 10. | Within 1 year before you filed for bankrupt<br>Check all that apply and fill in the details below   |   | rty repossessed, fo                         | oreclosed, garnis                        | hed, attached                    | , seized, or levied?                             |
|     |   |   |   |  |                                  |  |
|     | No. Go to line 11.  |   |   |  |                                  |  |
|     | Yes. Fill in the information below.   |   |   |  |                                  |  |
|     | Creditor Name and Address   | Describe the Property   |   | Date                                     |                                  | Value of the<br>property                         |
|     |   | Explain what happened   |   |  |                                  |  |
|     | Harley Davidson<br>Attn: Bankruptcy<br>3850 ARROWHEAD DRIVE<br>Carson City, NV 89706  | 2024 Harley-Davidso<br>miles<br>Repossessed on Dec  |   | ,000 Nov :                               | 2024                             | Unknown  |
|     |   | <ul><li>■ Property was reposse</li><li>□ Property was foreclose</li><li>□ Property was garnishe</li><li>□ Property was attached</li></ul> | ed.<br>ed.                                  |  |                                  |  |
|     |   |   | ., JUILUU OI IUVIUU.                        |  |                                  |  |

Case number (if known)

Debtor 1 Shaina Helene Tackett

| 11. | Within 90 days before you filed for bank accounts or refuse to make a payment b  |          | did any creditor, including a bank or financial in you owed a debt?  | stitution, set off any a          | amounts from your         |
|-----|--|----------|--|-----------------------------------|---------------------------|
|     | Yes. Fill in the details.  |          |  |                                   |                           |
|     | Creditor Name and Address  | Des      | scribe the action the creditor took  | Date action was taken             | Amount                    |
| 12. | Within 1 year before you filed for bankru court-appointed receiver, a custodian, o  No Yes                               |          | as any of your property in the possession of an er official?   | assignee for the bene             | efit of creditors, a      |
| Pai | rt 5: List Certain Gifts and Contribution  | าร       |  |                                   |                           |
| 13. |  |          | lid you give any gifts with a total value of more t  | than \$600 per person             | ?                         |
|     | Gifts with a total value of more than \$60 per person  | 00       | Describe the gifts   | Dates you gave the gifts          | Value                     |
|     | Person to Whom You Gave the Gift and Address:  | I        |  |                                   |                           |
| 14. | Within 2 years before you filed for banks  ■ No  □ Yes. Fill in the details for each gift or o                           |          | did you give any gifts or contributions with a tot   | al value of more than             | \$600 to any charity?     |
|     | Gifts or contributions to charities that more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Cod |          | Describe what you contributed  | Dates you contributed             | Value                     |
| Pai | rt 6: List Certain Losses  |          |  |                                   |                           |
| 15. |  | ıptcy or | since you filed for bankruptcy, did you lose any   | thing because of the              | t, fire, other disaster   |
|     | ■ No □ Yes. Fill in the details.   |          |  |                                   |                           |
|     | Describe the property you lost and how the loss occurred   | Include  | be any insurance coverage for the loss the amount that insurance has paid. List pending ace claims on line 33 of Schedule A/B: Property. | Date of your loss                 | Value of property<br>lost |
| Pai | tt 7: List Certain Payments or Transfer  | s        |  |                                   |                           |
| 16. | consulted about seeking bankruptcy or  | preparir | d you or anyone else acting on your behalf paying a bankruptcy petition? s, or credit counseling agencies for services require           |                                   | rty to anyone you         |
|     | <ul><li>□ No</li><li>■ Yes. Fill in the details.</li></ul>   |          |  |                                   |                           |
|     | Person Who Was Paid<br>Address<br>Email or website address<br>Person Who Made the Payment, if Not                        | You      | Description and value of any property transferred  | Date payment or transfer was made | Amount of payment         |
|     | Wajda and Associates, PC<br>8117 Preston Road<br>Ste. 300<br>Dallas, TX 75225  |          | Attorney Fees plus Court Filing Fees   | October 2024                      | \$1,950.00                |

Case number (if known)

Debtor 1 Shaina Helene Tackett

| 17. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to a promised to help you deal with your creditors or to make payments to your creditors? Do not include any payment or transfer that you listed on line 16. |   |  |                    |                | rty to anyone who  |   |
|---|---|--|--------------------|----------------|--|---|
|   | No  |  |                    |                |  |   |
|   | ☐ Yes. Fill in the details.   |  |                    |                |  |   |
|   | Person Who Was Paid<br>Address  | Description and transferred  | value of any pro   | perty          | Date payment<br>or transfer was<br>made                      | Amount of payment                             |
| 18.   | Within 2 years before you filed for bankruptcy<br>transferred in the ordinary course of your bus  | siness or financial aff  | airs?              |                |  |   |
|   | Include both outright transfers and transfers madinclude gifts and transfers that you have already  No  |  |                    | security inter | est or mortgage on your                                      | property). Do not                             |
|   | ☐ Yes. Fill in the details.   |  |                    |                |  |   |
|   | Person Who Received Transfer Address  | Description and property transfer                                    |                    | paymen         | e any property or<br>ts received or debts<br>exchange        | Date transfer was made                        |
|   | Person's relationship to you  |  |                    |                |  |   |
| 19.   | Within 10 years before you filed for bankrupte beneficiary? (These are often called asset-protein No  | • •  | ny property to a   | self-settled t | rust or similar device                                       | of which you are a                            |
|   | Yes. Fill in the details.   |  |                    |                |  |   |
|   | Name of trust   | Description and  | value of the prop  | perty transfe  | rred   | Date Transfer was made                        |
| Par   | t 8: List of Certain Financial Accounts, Inst   | ruments. Safe Denos  | it Boxes, and Sto  | orage Units    |  |   |
| 20.   | Within 1 year before you filed for bankruptcy, sold, moved, or transferred? Include checking, savings, money market, or houses, pension funds, cooperatives, associ | other financial accou  | ınts; certificates | of deposit;    |  |   |
|   | Yes. Fill in the details.   |  |                    |                |  |   |
|   |   | Last 4 digits of account number                                      | Type of accou      | c<br>n         | Date account was<br>closed, sold,<br>noved, or<br>ransferred | Last balance<br>before closing or<br>transfer |
| 21.   | Do you now have, or did you have within 1 ye cash, or other valuables?  | ear before you filed fo  | r bankruptcy, ar   | ny safe depo   | sit box or other depos                                       | itory for securities,                         |
|   | ■ No  |  |                    |                |  |   |
|   | Yes. Fill in the details.   |  |                    |                |  |   |
|   | Name of Financial Institution   | Who else had ac  | cess to it?        | Describe th    | e contents   | Do you still                                  |
|   | Address (Number, Street, City, State and ZIP Code)  | Address (Number, State and ZIP Code)                                 |                    | Describe til   | e contents   | have it?                                      |
| 22.   | Have you stored property in a storage unit or   | place other than you   | r home within 1    | year before    | you filed for bankrupto                                      | cy?   |
|   | ■ No  |  |                    |                |  |   |
|   | ☐ Yes. Fill in the details.   |  |                    |                |  |   |
|   | Name of Storage Facility<br>Address (Number, Street, City, State and ZIP Code)  | Who else has or<br>to it?<br>Address (Number,<br>State and ZIP Code) |                    | Describe th    | e contents   | Do you still have it?                         |
|   |   | •  |                    |                |  |   |

Debtor 1 Shaina Helene Tackett Case number (if known)

| Par | t 9: Identify Property You Hold or Control for S  | Someone Else  |          |                                   |                      |
|-----|---|---|----------|-----------------------------------|----------------------|
| 23. | Do you hold or control any property that someo for someone.   | ne else owns? Include any prope   | rty you  | borrowed from, are storing for,   | or hold in trust     |
|     | ■ No □ Yes. Fill in the details.  |   |          |                                   |                      |
|     | Owner's Name<br>Address (Number, Street, City, State and ZIP Code)  | Where is the property?<br>(Number, Street, City, State and ZIP<br>Code)   | Desc     | cribe the property                | Value                |
| Par | t 10: Give Details About Environmental Informa  | ation   |          |                                   |                      |
| For | the purpose of Part 10, the following definitions   | apply:  |          |                                   |                      |
| _   | Environmental law means any federal, state, or toxic substances, wastes, or material into the ai regulations controlling the cleanup of these substances. | r, land, soil, surface water, groun                                       |          |                                   |                      |
|     | Site means any location, facility, or property as to own, operate, or utilize it, including disposal  | -   | law, w   | hether you now own, operate, o    | r utilize it or used |
|     | Hazardous material means anything an environment hazardous material, pollutant, contaminant, or s   | mental law defines as a hazardou  | s wast   | e, hazardous substance, toxic s   | ubstance,            |
| Rep | ort all notices, releases, and proceedings that yo  | ou know about, regardless of whe  | n they   | occurred.                         |                      |
| 24. | Has any governmental unit notified you that you   | may be liable or potentially liable                                       | e unde   | r or in violation of an environme | ntal law?            |
|     | ■ No  |   |          |                                   |                      |
|     | Yes. Fill in the details.   |   |          |                                   |                      |
|     | Name of site<br>Address (Number, Street, City, State and ZIP Code)  | Governmental unit<br>Address (Number, Street, City, State an<br>ZIP Code) |          | invironmental law, if you now it  | Date of notice       |
| 25. | Have you notified any governmental unit of any  | release of hazardous material?  |          |                                   |                      |
|     | ■ No □ Yes. Fill in the details.  |   |          |                                   |                      |
|     | Name of site<br>Address (Number, Street, City, State and ZIP Code)  | Governmental unit<br>Address (Number, Street, City, State an<br>ZIP Code) |          | invironmental law, if you now it  | Date of notice       |
| 26. | Have you been a party in any judicial or adminis  | trative proceeding under any env  | rironm   | ental law? Include settlements a  | nd orders.           |
|     | ■ No  |   |          |                                   |                      |
|     | ☐ Yes. Fill in the details.   |   |          |                                   |                      |
|     | Case Title Case Number  | Court or agency Name Address (Number, Street, City, State and ZIP Code)   | Natu     | re of the case                    | Status of the case   |
| Par | t 11: Give Details About Your Business or Con   | nections to Any Business  |          |                                   |                      |
| 27. | Within 4 years before you filed for bankruptcy, o   | lid you own a business or have a  | ny of ti | ne following connections to any   | business?            |
|     | ☐ A sole proprietor or self-employed in a t   | rade, profession, or other activity                                       | , eithe  | r full-time or part-time          |                      |
|     | ■ A member of a limited liability company   | (LLC) or limited liability partnersh                                      | nip (LL  | P)                                |                      |
|     | ☐ A partner in a partnership  |   | -        |                                   |                      |
|     | ☐ An officer, director, or managing execut  | ive of a corporation  |          |                                   |                      |
|     | ☐ An owner of at least 5% of the voting or  | equity securities of a corporation  | 1        |                                   |                      |

|                  | ☐ No. None of the above applies. Go to  | Part 12.  |              |   |  |  |  |  |
|------------------|---|---|--------------|---|--|--|--|--|
|                  | Yes. Check all that apply above and fill in the details below for each business.  |   |              |   |  |  |  |  |
|                  | Business Name<br>Address<br>(Number, Street, City, State and ZIP Code)  | Describe the nature of the business  Name of accountant or bookkeeper   | Do not in    | Identification number clude Social Security number or ITIN. |  |  |  |  |
|                  | 724 Kustema III C   | Online Retailer of elething   | Dates bus    | siness existed  |  |  |  |  |
|                  | 724 Kustoms, LLC<br>351 State Highway 121 Apt 2337  | Online Retailer of clothing   |              | 99-3137642  |  |  |  |  |
|                  | Lewisville, TX 75067  |   | From-To      | 04/2024 - 09/2024   |  |  |  |  |
|                  | ■ No □ Yes. Fill in the details below.  |   |              |   |  |  |  |  |
|                  | Name Address (Number, Street, City, State and ZIP Code)   | Date Issued   |              |   |  |  |  |  |
| Par              | t 12: Sign Below  |   |              |   |  |  |  |  |
| are to with 18 U | rue and correct. I understand that making a<br>a bankruptcy case can result in fines up to<br>.S.C. §§ 152, 1341, 1519, and 3571.<br>Shaina Helene Tackett<br>aina Helene Tackett | nancial Affairs and any attachments, and I of a false statement, concealing property, or of \$250,000, or imprisonment for up to 20 years.  Signature of Debtor 2 | btaining mo  | oney or property by fraud in connection                     |  |  |  |  |
| Sig              | nature of Debtor 1  |   |              |   |  |  |  |  |
| Dat              | 9 January 3, 2025   | Date  |              |   |  |  |  |  |
| Did<br>■ N       | 0   | ent of Financial Affairs for Individuals Filin  | g for Bankri | uptcy (Official Form 107)?                                  |  |  |  |  |
| <b>■</b> N       | 0   | ot an attorney to help you fill out bankruptcy  |              | o (Official Form 440)                                       |  |  |  |  |
| ЦY               | es. Name of Person Attach the Bankri  | uptcy Petition Preparer's Notice, Declaration, a  | ına Signatur | e (Oπicial Form 119).                                       |  |  |  |  |

Case number (if known)

Debtor 1 Shaina Helene Tackett

| Fill in this inform                 | nation to identify your                           | case:  |  |                                      |
|-------------------------------------|---|--|--|--------------------------------------|
| Debtor 1                            | Shaina Helene T                                   | ackett                                       |  |                                      |
| <b>5</b>                            | First Name  | Middle Name                                  | Last Name  |                                      |
| Debtor 2<br>(Spouse if, filing)     | First Name  | Middle Name                                  | Last Name  |                                      |
| United States Bar                   | nkruptcy Court for the:                           | NORTHERN DIS                                 | TRICT OF TEXAS   |                                      |
| Case number                         |   |  |  |                                      |
| (if known)                          |   |  |  | ☐ Check if this is an amended filing |
|                                     |   |  |  | •                                    |
| Official Fo                         | rm 108  |  |  |                                      |
|                                     |   | n for Indiv                                  | viduals Filing Under Chapt   | er 7 12/15                           |
| Otatomer                            | it or intentio                                    | on for indiv                                 | riduals i lillig Grider Gridet   | 12/13                                |
|                                     | vidual filing under cha                           |  | l out this form if:  |                                      |
| _                                   | claims secured by yo                              |  |  |                                      |
| You must file this                  | ver is earlier, unless t                          | within 30 days after                         | ot expired. you file your bankruptcy petition or by the date s e time for cause. You must also send copies to th                                     |                                      |
|                                     | ople are filing togethe                           | er in a joint case, bo                       | th are equally responsible for supplying correct i   | nformation. Both debtors must        |
|                                     | and accurate as possi<br>our name and case nu     |  | s needed, attach a separate sheet to this form. Or   | the top of any additional pages,     |
| Part 1: List Yo                     | our Creditors Who Hav                             | ve Secured Claims                            |  |                                      |
| 1. For any creditorinformation be   | •   | Part 1 of Schedule D                         | : Creditors Who Have Claims Secured by Proper  | y (Official Form 106D), fill in the  |
|                                     | editor and the property                           | that is collateral                           | What do you intend to do with the property that  |                                      |
|                                     |   |  | secures a debt?  | as exempt on Schedule C?             |
|                                     |   |  |  |                                      |
| Creditor's <b>U</b><br>name:        | SAA FSB   |  | ☐ Surrender the property. ☐ Retain the property and redeem it.   | No                                   |
| Description of                      | 2022 Volkswagen                                   | Tags 22 000                                  | Retain the property and enter into a   | ☐ Yes                                |
| property                            | miles   | 1405 33,000                                  | Reaffirmation Agreement.  ☐ Retain the property and [explain]:   |                                      |
| securing debt:                      | Encumbered. Fair                                  | Condition                                    | A Retain the property and [explain].   |                                      |
|                                     | VIN. 3VVTX7B21N                                   | IM033594                                     |  | _                                    |
| Part 2: List Yo                     | our Unexpired Person                              | al Property Leases                           |  |                                      |
| For any unexpire in the information | d personal property le<br>n below. Do not list re | ease that you listed<br>al estate leases. Un | in Schedule G: Executory Contracts and Unexpirexpired leases are leases that are still in effect; the trustee does not assume it. 11 U.S.C. § 365(p) | he lease period has not yet ended.   |
| Describe your u                     | nexpired personal pro                             | perty leases                                 |  | Will the lease be assumed?           |
| Lessor's name:                      | Villas of Vista                                   | ı Ridge                                      |  | □ No                                 |
|                                     |   |  |  | ■ Yes                                |
|                                     |   |  |  | 100                                  |
| Description of lea<br>Property:     | sed Residential L                                 | ease Agreement                               |  |                                      |

| Debt | tor 1 Shaina Helene Tackett   | Case number (if known)   |
|------|---|--|
|      |   |  |
| Part | 3: Sign Below   |  |
|      | er penalty of perjury, I declare that I have indicate erty that is subject to an unexpired lease. | ed my intention about any property of my estate that secures a debt and any personal |
| Χ    | /s/ Shaina Helene Tackett   | X  |
|      | Shaina Helene Tackett   | Signature of Debtor 2  |
|      | Signature of Debtor 1   |  |
|      |   |  |

Date

Date

January 3, 2025

|                        |   | •  |  |  |  |                                   |
|------------------------|---|--|--|--|--|-----------------------------------|
| Fill in                | this information to identify your case:   |  |  |  | directed in this form and  | l in Form                         |
| Debte                  | Shaina Helene Tackett   |  | 122                                    | 2A-1Supp:  |  |                                   |
| Debto<br>(Spous        | or 2<br>e, if filing)   |  | '                                      | ☐ 1. There is no pres                              | sumption of abuse  |                                   |
| Unite                  | d States Bankruptcy Court for the: Northern District of   | of Texas                                     | '                                      | applies will be i                                  | to determine if a presumade under <i>Chapter 7</i>                           | •                                 |
| Case<br>(if know       | number<br>vn)   |  | _                                      | ☐ 3. The Means Tes                                 | ficial Form 122A-2).<br>t does not apply now be<br>y service but it could ap |                                   |
|                        |   |  |  | ☐ Check if this is a                               |  | . ,                               |
| <u>Offi</u>            | <u>cial Form 122A - 1</u>   |  |  |  |  |                                   |
| Cha                    | apter 7 Statement of Your Cur   | rent Mor                                     | nthly Inc                              | ome  |  | 12/19                             |
| attach<br>case n       | complete and accurate as possible. If two married people a a separate sheet to this form. Include the line number to w umber (if known). If you believe that you are exempted frowing military service, complete and file Statement of Exempted 1:  Calculate Your Current Monthly Income | vhich the additior<br>m a presumption        | nal information a<br>of abuse becau    | applies. On the top of a<br>se you do not have pri | ny additional pages, wri<br>marily consumer debts o                          | te your name and<br>or because of |
| 1.                     | What is your marital and filing status? Check one or  | ıly.   |  |  |  |                                   |
|                        | ■ Not married. Fill out Column A, lines 2-11.   |  |  |  |  |                                   |
|                        | 🏻 Married and your spouse is filing with you. Fi∥ ou  | ut both Columns                              | A and B, lines                         | 2-11.  |  |                                   |
|                        | $\square$ Married and your spouse is NOT filing with you.   | You and your s                               | spouse are:                            |  |  |                                   |
|                        | ☐ Living in the same household and are not lega   | ally separated.                              | Fill out both Co                       | lumns A and B, lines                               | 2-11.  |                                   |
|                        | ☐ Living separately or are legally separated. Fill penalty of perjury that you and your spouse are living apart for reasons that do not include evading   | egally separated                             | d under nonban                         | kruptcy law that appli                             | es or that you and you   |                                   |
| 10 <sup>2</sup><br>the | in the average monthly income that you received from all (10A). For example, if you are filing on September 15, the 6-m 6 months, add the income for all 6 months and divide the total buses own the same rental property, put the income from that p                                     | nonth period would<br>I by 6. Fill in the re | be March 1 throus sult. Do not include | ugh August 31. If the am<br>de any income amount n | ount of your monthly inconnore than once. For examp                          | ne varied during<br>ble, if both  |
|                        |   |  |  | Column A Debtor 1                                  | Column B Debtor 2 or non-filing spouse                                       |                                   |
|                        | Your gross wages, salary, tips, bonuses, overtime, payroll deductions).   | and commission                               | ons (before all                        | \$ 5,916.00  | \$   |                                   |
|                        | <b>Alimony and maintenance payments.</b> Do not include Column B is filled in.  | payments from                                | a spouse if                            | \$   | \$   |                                   |
|                        | All amounts from any source which are regularly pa<br>of you or your dependents, including child support<br>from an unmarried partner, members of your household<br>and roommates. Include regular contributions from a sp<br>filled in. Do not include payments you listed on line 3.    | Include regular<br>d, your depende           | contributions nts, parents,            | \$ 1,250.00  | \$   |                                   |
| 5.                     | Net income from operating a business, profession,   |  |  |  |  |                                   |
|                        |   |  | otor 1                                 |  |  |                                   |
|                        | Gross receipts (before all deductions)  | \$ <u>0.00</u><br>-\$ <u>0.00</u>            |  |  |  |                                   |
|                        | Ordinary and necessary operating expenses   |  | Copy here ->                           | \$ 0.00  | \$   |                                   |
|                        | Net monthly income from a business, profession, or far<br>Net income from rental and other real property  | m \$   | copy note >                            | <b>Ф</b>   | Ψ  |                                   |
| 6.                     | not income from rental and other real property  | Deb  | otor 1                                 |  |  |                                   |
|                        | Gross receipts (before all deductions)  | \$ 0.00                                      |  |  |  |                                   |
|                        | Ordinary and necessary operating expenses   | -\$ 0.00                                     |  |  |  |                                   |
| i                      | Net monthly income from rental or other real property   | \$ 0.00                                      | Copy here ->                           | \$   | \$   |                                   |
| 7.                     | Interest, dividends, and royalties  |  |  | \$ 0.00  | \$   |                                   |

#### 14. How do the lines compare?

Fill in the median family income for your state and size of household.

for this form. This list may also be available at the bankruptcy clerk's office.

14a. Line 12b is less than or equal to line 13. On the top of page 1, check box 1, There is no presumption of abuse. Go to Part 3. Do NOT fill out or file Official Form 122A-2.

To find a list of applicable median income amounts, go online using the link specified in the separate instructions

Line 12b is more than line 13. On the top of page 1, check box 2, *The presumption of abuse is determined by Form 122A-2*. Go to Part 3 and fill out Form 122A–2.

80,658.00

13.

| ents is true and correct. |
|---------------------------|
| ents is true and correct. |
|                           |
|                           |
|                           |
|                           |

If you checked line 14b, fill out Form 122A-2 and file it with this form.

| Fill in this information to identify your case:   | Check the appropriate box as directed in                     |
|---|--|
| Debtor 1 Shaina Helene Tackett  | lines 40 or 42:  |
| Debtor 2  | According to the calculations required by this Statement:    |
| (Spouse, if filing)   |  |
| United States Bankruptcy Court for the: Northern District of Texas  | ■ 1. There is no presumption of abuse.                       |
| Case number   | ☐ 2. There is a presumption of abuse.                        |
| (if known)  |  |
|   | ☐ Check if this is an amended filing                         |
| Official Form 122A - 2  |  |
| Chapter 7 Means Test Calculation  | 04/22  |
| To fill out this form, you will need your completed copy of Chapter 7 Stateme   | nt of Your Current Monthly Income (Official Form 122A-1).    |
| Be as complete and accurate as possible. If two married people are filing tog space is needed, attach a separate sheet to this form, Include the line numbe additional pages, write your name and case number (if known).  Part 1: Determine Your Adjusted Income |  |
| Copy your total current monthly income.  Copy line 11 fr  | rom Official Form 122A-1 here=> \$ 7,166.00                  |
| 2. Did you fill out Column B in Part 1 of Form 122A-1?  |  |
| ■ No. Fill in \$0 for the total on line 3.  |  |
| ☐ Yes. Is your spouse Filing with you?  |  |
| ☐ No. Go to line 3.   |  |
| ☐ Yes. Fill in \$0 for the total on line 3.   |  |
| Adjust your current monthly income by subtracting any part of your spondousehold expenses of you or your dependents. Follow these steps:  | ouse's income not used to pay for the                        |
| On line 11, Column B of Form 122A–1, was any amount of the income you re expenses of you or your dependents?  | eported for your spouse NOT regularly used for the household |
| ■ No. Fill in 0 for the total on line 3.  |  |
| ☐ Yes. Fill in the information below:   |  |
| Otata and assessment for which the improvement of   | FILE de la constant  |
| State each purpose for which the income was used  For example, the income is used to pay your spouse's tax debt or to   | Fill in the amount you are subtracting from                  |
| support other than you or your dependents.  | your spouse's income   |
|   | \$   |
|   | \$   |
|   |  |
|   | \$   |
| Total.  | \$0.00   |
|   | Copy total here=> \$ 0.00                                    |
|   |  |
| 4. Adjust your current monthly income. Subtract line 3 from line 1.   | \$ <b>7,166.00</b> _   |

#### Part 2:

#### **Calculate Your Deductions from Your Income**

The Internal Revenue Service (IRS) issues National and Local Standards for certain expense amounts. Use these amounts to answer the questions in lines 6-15. To find the IRS standards, go online using the link specified in the separate instructions for this form. This information may also be available at the bankruptcy clerk's office.

Deduct the expense amounts set out in lines 6-15 regardless of your actual expense. In later parts of the form, you will use some of your actual expenses if they are higher than the standards. Do not deduct any amounts that you subtracted from your spouse's income in line 3 and do not deduct any operating expenses that you subtracted from in income in lines 5 and 6 of form 122A-1.

If your expenses differ from month to month, enter the average expense.

Whenever this part of the from refers to you, it means both you and your spouse if Column B of Form 122A-1 is filled in.

5. The number of people used in determining your deductions from income

Fill in the number of people who could be claimed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support. This number may be different from the number of people in your household.

2

**National Standards** 

You must use the IRS National Standards to answer the questions in lines 6-7.

6. **Food, clothing, and other items:** Using the number of people you entered in line 5 and the IRS National Standards, fill in the dollar amount for food, clothing, and other items.

\$ 1,411.00

7. **Out-of-pocket health care allowance:** Using the number of people you entered in line 5 and the IRS National Standards, fill in the dollar amount for out-of-pocket health care. The number of people is split into two categories--people who are under 65 and people who are 65 or older--because older people have a higher IRS allowance for health care costs. If your actual expenses are higher than this IRS amount, you may deduct the additional amount on line 22.

### People who are under 65 years of age

- 7a. Out-of-pocket health care allowance per person \$ 83.00
- 7b. Number of people who are under 65 X 2
- 7c. Subtotal. Multiply line 7a by line 7b. \$ 166.00 Copy here=> \$ 166.00

### People who are 65 years of age or older

- 7d. Out-of-pocket health care allowance per person \$ 158.00
- 7e. Number of people who are 65 or older X **0**
- 7f. Subtotal. Multiply line 7d by line 7e. \$ 0.00 Copy here=> +\$ 0.00
- 7g. Total. Add lines 7c and 7f Sopy total here=>

166.00

Local Standards You must use the IRS Local Standards to answer the questions in lines 8-15.

| Based on information from the IRS, the U.S. | Trustee Program has divided the IRS Local Standard for housing for |
|---|--|
| bankruptcy purposes into two parts:         |  |

- Housing and utilities Insurance and operating expenses
- Housing and utilities Mortgage or rent expenses

To answer the questions in lines 8-9, use the U.S. Trustee Program chart.

To find the chart, go online using the link specified in the separate instructions for this form. This chart may also be available at the bankruptcy clerk's office.

9. Housing and utilities - Mortgage or rent expenses:

9b. Total average monthly payment for all mortgages and other debts secured by your home.

To calculate the total average monthly payment, add all amounts that are contractually due to each secured creditor in the 60 months after you file for bankruptcy. Then divide by 60.

| Name of the creditor | Average monthly payment |
|----------------------|-------------------------|
| -NONE-               | \$                      |

| Total average monthly payment | \$ | 0.00 Copy<br>here=> | -\$ | <b>0.00</b> Repeat this amount on line 33a. |
|-------------------------------|----|---------------------|-----|---|
|-------------------------------|----|---------------------|-----|---|

9c. Net mortgage or rent expense.

10. If you claim that the U.S. Trustee Program's division of the IRS Local Standard for housing is incorrect and affects the calculation of your monthly expenses, fill in any additional amount you claim.

0.00

Explain why:

- 11. Local transportation expenses: Check the number of vehicles for which you claim an ownership or operating expense.
  - ☐ 0. Go to line 14.
  - ☐ 1. Go to line 12.
  - 2 or more. Go to line 12.
- 12. **Vehicle operation expense:** Using the IRS Local Standards and the number of vehicles for which you claim the operating expenses, fill in the *Operating Costs* that apply for your Census region or metropolitan statistical area. \$452.00

| 13.  | You ma              |   | <b>pense:</b> Using the IRS Local if you do not make any loan o                          |                 |               |                        |                 |  |      |
|------|---------------------|---|--|-----------------|---------------|------------------------|-----------------|--|------|
| Ve   | hicle 1             | Describe Vehicle 1:                                   | 2022 Volkswagen Taos<br>Condition VIN. 3VVTX7  |                 |               | nbered. Fa             | ir<br>          |  |      |
| 13a. | Owners              | hip or leasing costs usin                             | g IRS Local Standard   |                 |               | \$                     | 0.00            |  |      |
| 13b. | -                   | e monthly payment for all notude costs for leased v   | I debts secured by Vehicle 1. vehicles.  |                 |               |                        |                 |  |      |
|      | are conf            |   | ly payment here and on line 1<br>cured creditor in the 60 mont                           |                 |               | ıt                     |                 |  |      |
|      | Na                  | me of each creditor fo                                | r Vehicle 1  | Average payment | monthly       |                        |                 |  |      |
|      | US                  | SAA FSB   |  | \$              | 537.00        |                        |                 |  |      |
|      |                     | Total A   | Average Monthly Payment  | \$              | 537.00        | Copy<br>here =>        | \$537           | Repeat this amount on line 33b.                |      |
| 13c. |                     | icle 1 ownership or leas<br>t line 13b from line 13a. | e expense<br>if this amount is less than \$0,  | enter \$0.      |               | \$                     | 0.00            | Copy net<br>Vehicle 1<br>expense<br>here => \$ | 0.00 |
| Ve   | hicle 2             | Describe Vehicle 2:                                   | 2024 Yamaha YZFR3 1,<br>VIN. MH3RH18Y3RK017  |                 | Encumbe       | red. Fair C            | ondition        |  |      |
| 13d. | Owners              | hip or leasing costs usin                             | g IRS Local Standard   |                 |               | . \$                   | 0.00            |  |      |
| 13e. | Average<br>leased v |   | I debts secured by Vehicle 2.  | Do not incl     | ude costs for | r                      |                 |  |      |
|      | Na                  | me of each creditor fo                                | r Vehicle 2  | Average payment | monthly       |                        |                 |  |      |
|      | Fre                 | eedom Road Financ                                     | ial  | \$              | 115.00        |                        |                 |  |      |
|      |                     | Total A   | Average Monthly Payment  | \$              | 115.00        | Copy<br>here<br>=> -\$ | 115.0           | Repeat this amount on line 33c.                |      |
| 13f. |                     | icle 2 ownership or leas<br>t line 13e from line 13d. | e expense<br>if this amount is less than \$0,  | enter \$0       |               | . \$                   | 0.00            | Copy net<br>Vehicle 2<br>expense<br>here => \$ | 0.00 |
| 14.  |                     |   | e: If you claimed 0 vehicles in ce regardless of whether you                             |                 |               |                        | ds, fill in the | Public \$                                      | 0.00 |
| 15.  | also ded            | duct a public transportati                            | on expense: If you claimed 1 on expense, you may fill in weal Standard for Public Transp | hat you beli    |               |                        |                 |  | 0.00 |

| Oth | er Necessary Expenses  In addition to the expense deductions listed above, you are allowed your monthly expenses the following IRS categories.   | for |          |
|-----|--|-----|----------|
| 16. | <b>Taxes:</b> The total monthly amount that you will actually owe for federal, state and local taxes, such as income taxes, self-employment taxes, social security taxes, and Medicare taxes. You may include the monthly amount withheld from your pay for these taxes. However, if you expect to receive a tax refund, you must divide the expected refund by 12 and subtract that number from the total monthly amount that is withheld to pay for taxes. |     | 405.45   |
|     | Do not include real estate, sales, or use taxes.   | \$  | 465.15   |
| 17. | <b>Involuntary deductions:</b> The total monthly payroll deductions that your job requires, such as retirement contributions, union dues, and uniform costs.   |     |          |
|     | Do not include amounts that are not required by your job, such as voluntary 401(k) contributions or payroll savings.   | \$  | 511.59   |
| 18. | <b>Life Insurance:</b> The total monthly premiums that you pay for your own term life insurance. If two married people are filing together, include payments that you make for your spouse's term life insurance. Do not include premiums for life insurance on your dependents, for a non-filing spouse's life insurance, or for any form of life insurance other than term.  | \$  | 0.00     |
| 19. | <b>Court-ordered payments:</b> The total monthly amount that you pay as required by the order of a court or administrative agency, such as spousal or child support payments.  |     |          |
|     | Do not include payments on past due obligations for spousal or child support. You will list these obligations in line 35.  | \$  | 0.00     |
| 20. | Education: The total monthly amount that you pay for education that is either required:  as a condition for your job, or   |     |          |
|     | ■ for your physically or mentally challenged dependent child if no public education is available for similar services.   | \$  | 0.00     |
| 21  | Childcare: The total monthly amount that you pay for childcare, such as babysitting, daycare, nursery, and preschool.  |     |          |
| ۷۱. | Do not include payments for any elementary or secondary school education.  | \$  | 0.00     |
| 22. | Additional health care expenses, excluding insurance costs: The monthly amount that you pay for health care that is required for the health and welfare of you or your dependents and that is not reimbursed by insurance or paid by a health savings account. Include only the amount that is more than the total entered in line 7.  |     |          |
|     | Payments for health insurance or health savings accounts should be listed only in line 25.   | \$  | 0.00     |
| 23. | <b>Optional telephone and telephone services:</b> The total monthly amount that you pay for telecommunication services for you and your dependents, such as pagers, call waiting, caller identification, special long distance, or business cell phone service, to the extent necessary for your health and welfare or that of your dependents or for the production of income, if it is not reimbursed by your employer.                                    |     |          |
|     | Do not include payments for basic home telephone, internet and cell phone service. Do not include self-employment expenses, such as those reported on line 5 of Official Form 122A-1, or any amount you previously deducted.   | +\$ | 0.00     |
| 24. | Add all of the expenses allowed under the IRS expense allowances.  Add lines 6 through 23.   | \$  | 5,375.74 |

| Add | itional Expense Deductions T  | hese are additional ded  | luctions allowed by th   | e Means Test.   |     |        |
|-----|---|--|--|---|-----|--------|
|     | ٨   | Note: Do not include any   | expense allowances   | listed in lines 6-24.   |     |        |
| 25. |   |  |  | ses. The monthly expenses for health y necessary for yourself, your spouse, o   | r   |        |
|     | Health insurance  |  | \$591.94   |   |     |        |
|     | Disability insurance  |  | \$45.01_   |   |     |        |
|     | Health savings account  | +  | \$   |   |     |        |
|     |   |  |  |   |     |        |
|     | Total   |  | \$ 636.95  | Copy total here=>   | \$  | 636.95 |
|     | Do you actually spend this total am   | nount?   |  | _   |     |        |
|     | ☐ No. How much do you actu  | ually spend?   |  |   |     |        |
|     | Yes   |  | \$   |   |     |        |
| 26. | continue to pay for the reasonable  | and necessary care and rimmediate family who i   | d support of an elderl is unable to pay for su   | actual monthly expenses that you will<br>y, chronically ill, or disabled member of<br>uch expenses. These expenses may<br>19A(b). | \$  | 0.00   |
| 27. | <b>Protection against family violend</b> safety of you and your family unde   |  |  | nses that you incur to maintain the es Act or other federal laws that apply.  |     |        |
|     | By law, the court must keep the na  | ture of these expenses   | confidential.  |   | \$  | 0.00   |
| 28. |   | our home energy costs  | are included in your   | insurance and operating expenses on   |     |        |
|     | line 8.  If you believe that you have home 8, then fill in the excess amount of You must give your case trustee do amount claimed is reasonable and | home energy costs. ocumentation of your ac   |  | nergy costs included in expenses on line ou must show that the additional   | \$  | 0.00   |
| 29. | Education expenses for depende  | ent children who are yor your dependent childre chool. ocumentation of your ac                           | en who are younger to<br>ctual expenses, and y   | han 18 years old to attend a private or you must explain why the amount   |     |        |
|     | * Subject to adjustment on 4/01/25  | i, and every 3 years afte  | er that for cases begu   | n on or after the date of adjustment.   | \$  | 300.00 |
| 30. |   | d clothing allowances in<br>Illowances in the IRS Natum additional allowance<br>of may also be available | the IRS National Star<br>ational Standards.<br>e, go online using the<br>at the bankruptcy cle | rk's office.  | \$  | 24.00  |
| 31. |   |  | •  | ntribute in the form of cash or financial   |     |        |
|     | instruments to a religious or charita   | able organization. 26 Ú.   | S.C. § 170(c)(1)-(2).  |   | +\$ | 0.00   |
| 32. | Add all of the additional expense<br>Add lines 25 through 31.   | e deductions.  |  |   | \$  | 960.95 |

| 33. <b>F</b> ¢         |  |  |                |                                     |        |                       |
|------------------------|--|--|----------------|-------------------------------------|--------|-----------------------|
|                        | or debts that are secured by an intere<br>cans, and other secured debt, fill in lir  | est in property that you own, including homes 33a through 33e.   | ne mort        | gages, vehicle                      |        |                       |
|                        | o calculate the total average monthly pa<br>reditor in the 60 months after you file for  | yment, add all amounts that are contractually bankruptcy. Then divide by 60.   | due to         | each secured                        |        |                       |
|                        | Mortgages on your home:  |  |                |                                     |        | verage monthly ayment |
| 33a.                   | Copy line 9b here  |  |                |                                     | .=> \$ | 0.00                  |
|                        | Loans on your first two vehicles:  |  |                |                                     |        |                       |
| 3b.                    | Copy line 13b here   |  |                |                                     | .=> \$ | 537.00                |
| 3c.                    |  |  |                |                                     | .=> \$ | 115.00                |
| 3d.                    | List other secured debts:  |  |                |                                     |        |                       |
| lame                   | of each creditor for other secured debt  | Identify property that secures the debt  |                | Does payme include taxes insurance? |        |                       |
|                        |  |  |                | □ No                                |        |                       |
|                        | -NONE-   |  |                | ☐ Yes                               | \$     |                       |
|                        |  |  |                | _                                   |        |                       |
|                        |  |  |                | □ No                                |        |                       |
|                        |  |  |                | _                                   | \$     |                       |
|                        |  |  |                | □ No                                |        |                       |
|                        |  |  |                | ☐ Yes                               | +\$    |                       |
|                        |  |  |                | <u> </u>                            | $\neg$ |                       |
|                        |  |  |                |                                     | Copy   |                       |
|                        |  |  |                | CEO 00                              |        |                       |
| 33e.                   | Total average monthly payment. Add li  | nes 33a through 33d  | \$_            | 652.00                              | here=> | . \$ 652.00           |
| 4. <b>A</b> ı          | re any debts that you listed in line 33 rother property necessary for your solution. Go to line 35.  Yes. State any amount that you mus  | secured by your primary residence, a veh<br>upport or the support of your dependents'<br>at pay to a creditor, in addition to the payments<br>assion of your property (called the <i>cure amount</i> )   | icle,          | 652.00                              |        | . \$ 652.00           |
| 4. Ai<br>Oi<br>■       | re any debts that you listed in line 33 rother property necessary for your set.  No. Go to line 35.  Yes. State any amount that you mus listed in line 33, to keep posses  | secured by your primary residence, a veh<br>upport or the support of your dependents'<br>at pay to a creditor, in addition to the payments<br>assion of your property (called the <i>cure amount</i> )   | icle,          | Total cure                          |        | Monthly cure          |
| 4. Al                  | re any debts that you listed in line 33 rother property necessary for your set.  No. Go to line 35.  Yes. State any amount that you mus listed in line 33, to keep posses Next, divide by 60 and fill in the   | secured by your primary residence, a vehupport or the support of your dependents of the payment of the payment of your property (called the cure amount information below.   | ss.            | Total cure<br>amount                |        |                       |
| 4. Al<br>or<br>□<br>□  | re any debts that you listed in line 33 rother property necessary for your set.  No. Go to line 35.  Yes. State any amount that you mus listed in line 33, to keep posses Next, divide by 60 and fill in the   | secured by your primary residence, a vehupport or the support of your dependents of the payment of the payment of your property (called the cure amount information below.   | ss.            | Total cure                          |        | Monthly cure amount   |
| 34. Al<br>Or<br>■<br>□ | re any debts that you listed in line 33 rother property necessary for your set.  No. Go to line 35.  Yes. State any amount that you mus listed in line 33, to keep posses Next, divide by 60 and fill in the   | secured by your primary residence, a vehupport or the support of your dependents of the payment of the payment of your property (called the cure amount information below.   | ss.            | Total cure<br>amount                | here=> | Monthly cure amount   |
| 34. Al<br>or<br>□<br>□ | re any debts that you listed in line 33 rother property necessary for your set.  No. Go to line 35.  Yes. State any amount that you mus listed in line 33, to keep posses Next, divide by 60 and fill in the   | secured by your primary residence, a veh upport or the support of your dependents? It pay to a creditor, in addition to the payments asion of your property (called the <i>cure amount</i> information below.  Identify property that secures the debt                                     | ss.            | Total cure<br>amount                | here=> | Monthly cure amount   |
| 4. Al or or Name       | re any debts that you listed in line 33 rother property necessary for your set.  No. Go to line 35.  Yes. State any amount that you must listed in line 33, to keep posses Next, divide by 60 and fill in the e of the creditor.  NE-  | secured by your primary residence, a veh upport or the support of your dependents? It pay to a creditor, in addition to the payments asion of your property (called the cure amounts information below.  Identify property that secures the debt  To                                       | icle, ? ss. ). | Total cure<br>amount                | here=> | Monthly cure amount   |
| 4. Al or or Name       | re any debts that you listed in line 33 rother property necessary for your set.  No. Go to line 35.  Yes. State any amount that you must listed in line 33, to keep posses Next, divide by 60 and fill in the e of the creditor.  ONE-  o you owe any priority claims such as re past due as of the filling date of your such as the property of the creditor. | secured by your primary residence, a veh upport or the support of your dependents? It pay to a creditor, in addition to the payments asion of your property (called the cure amounts information below.  Identify property that secures the debt  To                                       | icle, ? ss. ). | Total cure<br>amount                | here=> | Monthly cure amount   |
| Name -NO ar            | re any debts that you listed in line 33 rother property necessary for your set.  No. Go to line 35.  Yes. State any amount that you must listed in line 33, to keep posses Next, divide by 60 and fill in the e of the creditor.  ONE-  o you owe any priority claims such as re past due as of the filing date of your No. Go to line 36.                     | secured by your primary residence, a veh upport or the support of your dependents?  It pay to a creditor, in addition to the payments as information below.  Identify property that secures the debt  To as a priority tax, child support, or alimony ar bankruptcy case? 11 U.S.C. § 507. | tal \$         | Total cure<br>amount                | here=> | Monthly cure amount   |

| Debtor 1 | Shai     | na Helene Tackett   |              | Ca                  | ise nu | umber ( <i>if known</i> ) |                |    |          |
|----------|----------|---|--------------|---------------------|--------|---------------------------|----------------|----|----------|
| I        | For more | eligible to file a case under Chapter 13? 11 U.S.C. information, go online using the link for Bankruptcy ins for this form. Bankruptcy Basics may also be avai  | Basics spe   | ecified in the sepa |        |                           |                |    |          |
|          | □ No.    | Go to line 37.  |              |                     |        |                           |                |    |          |
|          | Yes.     | Fill in the following information.  |              |                     |        |                           |                |    |          |
|          |          | Projected monthly plan payment if you were filing un  | nder Chap    | oter 13             | \$     | 182.00                    |                |    |          |
|          |          | Current multiplier for your district as stated on the list Administrative Office of the United States Courts (for and North Carolina) or by the Executive Office for U (for all other districts).                     | or districts | in Alabama          | X      | 11.00                     |                |    |          |
|          |          | To find a list of district multipliers that includes your the link specified in the separate instructions for this be available at the bankruptcy clerk's office.  Average monthly administrative expense if you were | s form. Thi  | is list may also    |        | \$ 20.02                  | Copy to here=> |    | 20.02    |
|          | Add line | of the deductions for debt payment. as 33e through 36.  |              |                     |        |                           |                | \$ | 672.02   |
|          |          |   |              |                     |        |                           |                |    |          |
| 30. /    | Copy lir | of the allowed deductions.  The 24, All of the expenses allowed under IRS  The allowances   | \$           | 5,375.7             | 4      |                           |                |    |          |
|          | •        | e 32, All of the additional expense deductions  | \$           | 960.9               | 5      |                           |                |    |          |
|          | Copy lir | e 37, All of the deductions for debt payment  | +\$          | 672.0               | 2      |                           |                |    |          |
|          |          | Total deductions  | s \$_        | 7,008.7             | 1_     | Copy total here           | =>             | \$ | 7,008.71 |
| Part 3:  | De       | ermine Whether There is a Presumption of Abuse  | e            |                     |        | _                         |                |    |          |
| 39.      | Calculat | e monthly disposable income for 60 months   |              |                     |        |                           |                | -  |          |
|          |          | py line 4, adjusted current monthly income  | \$           | 7,166.0             | 0      |                           |                |    |          |
|          | 39h Cc   | ny line 38 Total deductions   | - ¢          | 7 008 7             | 1      |                           |                |    |          |

39a. Copy line 4, *adjusted current monthly income*39b. Copy line 38, *Total deductions*39c. Monthly disposable income. 11 U.S.C. § 707(b)(2).
Subtract line 39b from line 39a

For the next 60 months (5 years)

x 60

39d. **Total.** Multiply line 39c by 60

39d. **Sec. Monthly disposable income.** 11 U.S.C. § 707(b)(2).
Subtract line 39b from line 39a

x 60

Sec. Monthly disposable income. 11 U.S.C. § 707(b)(2).
Subtract line 39b from line 39a

Sec. Monthly disposable income. 11 U.S.C. § 707(b)(2).
Subtract line 39b from line 39a

Sec. Monthly disposable income. 11 U.S.C. § 707(b)(2).
Subtract line 39b from line 39a

Sec. Monthly disposable income. 11 U.S.C. § 707(b)(2).
Subtract line 39b from line 39a

Sec. Monthly disposable income. 11 U.S.C. § 707(b)(2).
Subtract line 39b from line 39a

Sec. Monthly disposable income. 11 U.S.C. § 707(b)(2).
Subtract line 39b from line 39a

Sec. Monthly disposable income. 11 U.S.C. § 707(b)(2).
Subtract line 39b from line 39a

Sec. Monthly disposable income. 11 U.S.C. § 707(b)(2).
Subtract line 39b from line 39a

Sec. Monthly disposable income. 11 U.S.C. § 707(b)(2).
Subtract line 39b from line 39a

Sec. Monthly disposable income. 11 U.S.C. § 707(b)(2).
Subtract line 39b from line 39a

Sec. Monthly disposable income. 11 U.S.C. § 707(b)(2).
Subtract line 39b from line 39a

Sec. Monthly disposable income. 11 U.S.C. § 707(b)(2).
Subtract line 39b from line 39a

Sec. Monthly disposable income. 11 U.S.C. § 707(b)(2).
Subtract line 39b from line 39a

Sec. Monthly disposable income. 11 U.S.C. § 707(b)(2).
Subtract line 39b from line 39a

Sec. Monthly disposable income. 11 U.S.C. § 707(b)(2).
Subtract line 39b from line 39a

Sec. Monthly disposable income. 11 U.S.C. § 707(b)(2).
Subtract line 39b from line 39a

Sec. Monthly disposable income. 11 U.S.C. § 707(b)(2).
Subtract line 39b from line 39a

Sec. Monthly disposable income. 11 U.S.C. § 707(b)(2).
Subtract line 39b from line 39a

Sec. Monthly disposable income. 11 U.S.C. § 707(b)(2).
Subtract line 39b from line 39a

Sec. Monthly d

40. Find out whether there is a presumption of abuse. Check the box that applies:

- ☐ The line 39d is less than \$9,075\*. On the top of page 1 of this form, check box 1, There is no presumption of abuse. Go to Part 5.
- ☐ The line 39d is more than \$15,150\*. On the top of page 1 of this form, check box 2, *There is a presumption of abuse.* You may fill out Part 4 if you claim special circumstances. Go to Part 5.
- The line 39d is at least \$9,075\*, but not more than \$15,150\*. Go to line 41.

\*Subject to adjustment on 4/01/25, and every 3 years after that for cases filed on or after the date of adjustment.

41. Fill in the amount of your total nonpriority unsecured debt. If you filled out A Summary of Your Assets and Liabilities and Certain Statistical Information Schedules (Official Form 106Sum), you may refer to line 3b on that form.

\$ 228,114.00 x .25

\$ 57,028.50 | Copy here=> \$ 57,028.50

- 41b. **25% or your total nonpriority unsecured debt.** 11 U.S.C. § 707(b)(2)(A)(i)(I) Multiply line 41a by 0.25.....
- 42. Determine whether the income you have left over after subtracting all allowed deductions is enough to pay 25% of your unsecured, nonpriority debt.

Check the box that applies:

- Line 39d is less than line 41b. On the top of page 1 of this form, check box 1, *There is no presumption of abuse.* Go to Part 5.
- ☐ Line 39d is equal to or more than line 41b. On the top of page 1 of this form, check box 2. There is a presumption of abuse. You may fill out Part 4 if you claim special circumstances. Then go to Part 5.

Part 4: Give Details About Special Circumstances

- 43. Do you have any special circumstances that justify additional expenses or adjustments of current monthly income for which there is no reasonable alternative? 11 U.S.C. § 707(b)(2)(B).
  - ☐ No. Go to Part 5.
  - Yes. Fill in the following information. All figures should reflect your average monthly expense or income adjustment for each item. You may include expenses you listed in line 25.

You must give a detailed explanation of the special circumstances that make the expenses or income adjustments necessary and reasonable. You must also give your case trustee documentation of your actual expenses or income adjustments.

| Give a detailed explanation of the special circumstances | Average monthly expense or income adjustment |         |  |  |
|--|--|---------|--|--|
| Child support was just lowered to \$1,100                | \$   | -150.00 |  |  |
|  | \$   |         |  |  |
|  | \$   |         |  |  |
|  | \$   |         |  |  |

| Debtor 1 | Shaina Helene Tackett  | Case number (if known)                   |                              |
|----------|--|--|------------------------------|
|          |  |  |                              |
| Part 5:  | Sign Below   |  |                              |
|          | By signing here, I declare under penalty of perjury that the information | ation on this statement and in any attac | chments is true and correct. |
|          | X /s/ Shaina Helene Tackett  |  |                              |
|          | Shaina Helene Tackett  |  |                              |
|          | Signature of Debtor 1  |  |                              |
| Da       | te January 3, 2025   |  |                              |
|          | MM / DD / YYYY   |  |                              |

## Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

### The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

| С        | hapter 7: | Liquidation        |  |
|----------|-----------|--------------------|--|
|          | \$245     | filing fee         |  |
|          | \$78      | administrative fee |  |
| <u>+</u> | \$15      | trustee surcharge  |  |
|          | \$338     | total fee          |  |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their non-exempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

### **Chapter 11: Reorganization**

\$1,167 filing fee

\$571 administrative fee

\$1,738 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

### **Read These Important Warnings**

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

### Chapter 12: Repayment plan for family farmers or fishermen

|   | \$200 | filing fee         |
|---|-------|--------------------|
| + | \$78  | administrative fee |
|   | \$278 | total fee          |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

# Chapter 13: Repayment plan for individuals with regular income

|   | \$235 | filing fee         |
|---|-------|--------------------|
| + | \$78  | administrative fee |
|   | \$313 | total fee          |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

### Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: http://www.uscourts.gov/forms/bankruptcy-forms

### Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

#### Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

### Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: <a href="http://www.uscourts.gov/services-forms/bankruptcy/credit-counseling-and-debtor-education-courses">http://www.uscourts.gov/services-forms/bankruptcy/credit-counseling-and-debtor-education-courses</a>.

In Alabama and North Carolina, go to: <a href="http://www.uscourts.gov/services-forms/bankruptcy/cre">http://www.uscourts.gov/services-forms/bankruptcy/cre</a> dit-counseling-and-debtor-education-courses.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

### **United States Bankruptcy Court Northern District of Texas**

| In re | Shaina Helene TackettCase No.Debtor(s)Chapter 7  |
|-------|--|
|       | DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)   |
|       | Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:  |
|       | For legal services, I have agreed to accept \$ 1,612.00  |
|       | Prior to the filing of this statement I have received \$ 1,612.00  |
|       | Balance Due \$ <b>0.00</b>   |
| 2.    | \$ 338.00 of the filing fee has been paid.   |
| 3.    | The source of the compensation paid to me was:   |
|       | ■ Debtor □ Other (specify):  |
| 4.    | The source of compensation to be paid to me is:  |
|       | ■ Debtor □ Other (specify):  |
| 5.    | ■ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm  |
|       | ☐ I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation is attached.   |
| 6.    | In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:  |
|       | <ul> <li>a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;</li> <li>b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;</li> <li>c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;</li> <li>d. [Other provisions as needed]</li> </ul> |
| 7.    | By agreement with the debtor(s), the above-disclosed fee does not include the following service:   |

By agreement with the debtor(s), the above-disclosed fee does not include the following service: Representation of the debtors in any dischargeability actions, judicial lien avoidances, or any other adversary

Negotiations with secured creditors to reduce to market value; exemption planning; preparation and filing of reaffirmation agreements and accompanying applications as needed; preparation and filing of motions pursuant to 11 USC 522(f)(2)(A) for avoidance of liens.

Any examination under Bankruptcy Rule 2004.

Any continued meeting of creditors due to failure to appear or a failure to provide requested documents by the Debtor Counsel reserves the right to waive any fees/charges for anything listed above.

| In re | Shaina Helene Tackett | Case No. |
|-------|-----------------------|----------|
|       | D 114(-)              |          |

Debtor(s)

### DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)

(Continuation Sheet)

|  | CERTIFICATION   |
|--|---|
| I certify that the foregoing is a complete state this bankruptcy proceeding. | ment of any agreement or arrangement for payment to me for representation of the debtor(s) in |
| January 3, 2025  | /s/ Carlos C. Alsina-Batista  |
| Date   | Carlos C. Alsina-Batista  |
|  | Signature of Attorney   |
|  | Wajda and Associates, PC  |
|  | 8117 Preston Road   |
|  | Ste. 300  |
|  | Dallas, TX 75225  |
|  | calsinabatista@recoverylawgroup.com   |
|  | Name of law firm  |

## UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF TEXAS

| In Re:  | <b>§</b>                   |   |  |
|---|----------------------------|---|--|
| Shaina Helene Tackett  Debtor(s   | \$<br>\$<br>\$<br>\$<br>\$ | Case No.:                                   |  |
| VERIFICATIO   | ON OF MA                   | AILING LIST                                 |  |
| The Debtor(s) certifies that the attached n   | nailing list               | (only one option may be selected per form): |  |
| is the first mail matrix in   | n this case.               |   |  |
| □ adds entities not listed on previously filed mailing list(s).   |                            |   |  |
| □ changes or corrects name(s) and address(es) on previously filed mailing list(s).                            |                            |   |  |
| $\Box$ deletes name(s) and add  | ress(es) on                | previously filed mailing list(s).           |  |
| In accordance with N.D. TX L.B.R. 1007 attached list of creditors is true and correct.  Date: January 3, 2025 |                            | ve named Debtor(s) hereby verifies that the |  |
| Date. January 3, 2023   |                            | elene Tackett                               |  |
|   | Signature                  | of Debtor                                   |  |
| Date: January 3, 2025   |                            | C. Alsina-Batista                           |  |
|   | Carlos C.                  |   |  |
|   |                            |   |  |
|   | xxx-xx-55                  | i12   |  |
|   | Debtor's S                 | ocial Security/Tax ID No.                   |  |

Bank of America Attn: Bankruptcy 4909 Savarese Circle Tampa, FL 33634

Capital One Attn: Bankruptcy Po Box 30285 Salt Lake City, UT 84130

Citibank Attn: Bankruptcy Po Box 790040 St Louis, MO 63179

First Mark Services Attn: Bankruptcy Po Box 82522 Lincoln, NE 68501

Freedom Road Financial Attn: Bankruptcy 10509 Professional Circle, Suite 100 Reno, NV 89521

Goldman Sachs Bank USA Attn: Bankruptcy Po Box 70379 Philadelphia, PA 19176

Harley Davidson Attn: Bankruptcy 3850 ARROWHEAD DRIVE Carson City, NV 89706

Jovia Financial Credit Union Attn: Bankruptcy 264 Merrick Rd Valley Stream, NY 11582

JPMorgan Chase Attn: Bankruptcy MailCode LA4-7100 700 Kansas Lane Monroe, LA 71203 JPMorgan Chase s/b/m/t Chase Bank USA, N.A. P. O. Box 9013 Addison, TX 75001

NAVY FCU Attn: Bankruptcy Po Box 3000 Merrifield, VA 22119

Navy Federal Credit Union Attn: Bankruptcy Po Box 3000 Merrifield, VA 22119

Nebraska Furniture Mart Attn: Bankruptcy Po Box 2335 Omaha, NE 68103

SUNRISECRED
Attn: Bankruptcy
260 AIRPORT PLAZA
Farmingdale, NY 11735

USAA Federal Savings Bank Attn: Bankruptcy 9800 Fredericksburg Rd San Antonio, TX 78288

USAA Federal Savings Bank Attn: Bankruptcy 9800 Fredericksburg Road San Antonio, TX 78288

USAA FSB POB 47504 San Antonio, TX 78265

Utility Selfreported Attn: Bankruptcy Po Box 4500 Allen, TX 75013